

## FALL 2015 STCS CLUB REGISTRATION FORM

NOTE: One Club Registration Form is to be filled out per participant, per club.

Club Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Allergies: \_\_\_\_\_

This student may NOT be picked up by (if applicable):

\_\_\_\_\_

**Please provide the following information of who you'd like the club sponsor to call in the event that the club will need to be cancelled or in an emergency:**

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: : \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Any other information you feel necessary to inform the Club Sponsor of, please include below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date