SUMMER 2017 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