## **SPRING 2020 STCS CLUB REGISTRATION FORM**

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

Student Name:	Grade/Teacher:	
Club Name:		
Allergies:		
This student may NOT be pick	ed up by (if applicable):	
Please provide the following is event that the club will need	_	te the club sponsor to call in the gency:
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