

Name: _____ Birth Date (mm/dd/yyyy): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

In the event of an emergency, contact the following (if staff member is under 18, these contacts must be a Parent/Legal Guardian):

Contact 1

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Contact 2

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

The following contacts must be people other than the contacts listed above:

Contact 3

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Contact 4

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____