

INDOOR SOCCER 2015

CHILD INFORMATION FORM



This form must be turned in the first day your child attends the program, but can be updated at any time.

Last Name _____

First Name _____

Birth Date _____

Allergies (food, medication, etc.) _____

Medical conditions, special needs or medications: _____

PARTICIPANT'S RELEASE FROM INDOOR SOCCER

Children will only be allowed to leave the program with someone other than the parent/legal guardian if they are listed on the authorized pick up section of this form. Children are to be signed out by an authorized adult. **Please be prepared to SHOW A PICTURE IDENTIFICATION.**

Persons authorized to pick up child (including parents/guardians; if child is a teen who will drive himself/ herself from Indoor Soccer, include the teen's name below):

Name _____

Phone _____/_____

Name _____

Phone _____/_____

Name _____

Phone _____/_____

Name _____

Phone _____/_____

Name _____

Phone _____/_____

Name _____

Phone _____/_____

Name _____

Phone _____/_____

Local emergency contacts: In the event of an emergency, staff will attempt to contact Parent/Guardian first, however if we are unable to reach a Parent/Guardian, please list the names and phone numbers of the individuals you would like for the staff to contact:

Name _____

Phone _____/_____

Name _____

Phone _____/_____