



MEMBER INFORMATION SHEET

NAME _____
First Middle Last

MAILING ADDRESS _____
Street Name

City State Zip

Phone Email Address DATE OF BIRTH mm/dd/year

SCHOOL ATTENDING _____

DIETARY NEEDS *(if any)* _____
Please specify (i.e. Vegetarian, etc.)

PARENT/GUARDIAN INFORMATION

Father/Guardian Name

Mother/Guardian Name

Mailing Address – Street Name

Mailing Address – Street Name

City, State, Zip

City, State, Zip

Phone - Home

Phone - Home

Phone – Work/Mobile

Phone – Work/Mobile

Email Address

Email Address

for office use only

_____ Consent Form

_____ *Balance Remaining*

_____ Medical Release Form

_____ Insurance Card

PAID IN FULL _____