ClarkSportsCenter

Please complete the information below and return it to the Front Desk

Children's Names (First & Last)	
Children's Grade Levels	
Parent or Guardian Name **Relationship to Child** **Phone Number**	
Parent or Guardian Name **Relationship to Child** **Phone Number**	
Emergency Contact Name **Relationship to Child** **Phone Number**	
Email addresses for Primary Contacts	
Allergies or Other Medical Concerns	
People (other than parents listed above) who are authorized to pick up child	

Office Use Only:

Updated in Club Automation *Date:* _____ *Initials:* _____