



Name of Club / Encore Group:

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**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Student Primary Phone: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell/Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

My child will remain in Afterschool Care after practice: YES or NO (circle one)

**Emergency Contact Information – Alternate Pickup/Release**

Please list all persons, in addition to parents/guardians who are permitted to pick up your child:

Name 1: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Name 2: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Name 3: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Name 4: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

*Club/ Encore Sponsors will reach out to you regarding meeting and/or practice times, as well as providing you with other relevant information!*



ST. GREGORY THE GREAT  
CATHOLIC SCHOOL