

| Name of Club / Encore Group: | |
|---|--|
| Student Information | |
| First Name: | Last Name: |
| Address: Cit | zy: State: Zip Code: |
| | D.O.B/ |
| Parent Information | |
| First Name: | Last Name: |
| | ity:State:Zip Code: Work Phone: |
| Email: | |
| My child will remain in Afterschool Care afte | er practice: YES or NO (circle one) |
| parents/guardians who are permitted to pic | Pickup/Release Please list all persons, in addition to k up your child: _ Contact Phone #: |
| | Contact Phone #: |
| Name 3: | Contact Phone #: |
| | 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!