



ST. GREGORY THE GREAT

CATHOLIC SCHOOL

Name of Club / Encore Group: _____

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!