Activity/Organization Information Form

****This form is only used for non-athletic clubs and organizations.****

ACTIVITY/ORG NAME: _____ **DATES OF ACTIVITY:** _____

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

School: ☐ Ben Steele ☐ Castle Rock ☐ Lewis & Clark ☐ Medicine Crow ☐ Riverside ☐ Will James ☐ Senior ☐ Skyview ☐ West ☐ Career Center **Grade:** ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Gender: _____ Birthdate: _____ Email address: _____

Home Address and Zip: _____

Home Phone: _____ Cell Phone: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Home Address and Zip: _____

Email address: _____ Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

ACTIVITY/ORGANIZATION INFORMATION

Purpose:

Description: