

Parent Contact Information

This form will be used for all sports. Please complete a new form if this information changes throughout the school year and submit it to the office.

Players Name: _____

Contact Person: _____

Relationship: _____

Cell Number: _____

Email: _____

Additional Contacts: (additional contacts will receive texts and email notifications)

Contact Person: _____

Relationship: _____

Cell Number: _____

Email: _____

Contact Person: _____

Relationship: _____

Cell Number: _____

Email: _____

Will you be driving your child to games? Yes or No or When Available

**Would you be interested in driving the school van to the games? Yes or No
(A copy of your license is required for insurance purposes.)**