

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Student's Last Name

Student's First Name

Month Day Year

Please understand that it is your responsibility as the parent/legal guardian to ensure that the information provided on this form is current and up to date. Please notify the Athletics Department immediately of any changes. Thank you.

## FAMILY INFORMATION

\_\_\_\_\_  
FAMILY NAME HOME TELEPHONE EMAIL ADDRESS (FAMILY OR HOME OR WORK, ETC.)

\_\_\_\_\_  
STREET ADDRESS CITY ZIP FAX NUMBER

\_\_\_\_\_  
FATHER NAME (First & Last) EMPLOYER HOURS (i.e., 9-5) FATHER PAGER

\_\_\_\_\_  
ADDRESS CITY FATHER WORK PHONE FATHER CELL

\_\_\_\_\_  
MOTHER NAME (First & Last) EMPLOYER HOURS (i.e., 9-5) MOTHER PAGER

\_\_\_\_\_  
ADDRESS CITY MOTHER WORK PHONE MOTHER CELL

**Fill out the form below if you are ordering a Uniform Bag.**



I would like to order a bag for \$30

Name: \_\_\_\_\_

I would like to order a bag with my name on it for \$35

Name as you would like it on bag:  
\_\_\_\_\_