

CHILDS INFORMATION

First name _____ Last name _____

Address _____

City _____ State _____

School _____

Grade entering _____ Age _____

Date of birth _____

Dietary
restrictions _____

Allergies _____

PARENT/GUARDIAN INFORMATION

First name _____ Last name _____

Phone number _____

Address _____

City _____ State _____

Primary email address _____

EMERGENCY CONTACT

First name _____ Last name _____

Relationship to child _____

Phone number _____

ADDITIONAL INFORMATION

Authorized person for pick up (in addition to parents and emergency contact)

Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed _____

Thank you for allowing us to work with your child,

SWATT Airsoft LLC.



Parent signature _____

Date _____