



INFORMATION

Participant Name: _____

Participant Age: _____

Address: _____

Birthday: _____

Home Phone Number: _____

Cell Phone Number: _____

Insurance Company: _____

Policy ID Number: _____

Please list any allergies: _____

Please list any medical conditions: _____

Please list any other concerns: _____

Please complete this form and the Grace and Pace Kids waiver prior to first practice.