New Member Information Sheet

Name: _____

School:_____

Cell Number: _____DOB:_____

Email Address:_____

Street Address:_____

City:_____State:_____Zip Code:_____

Emergency Contact #1

Name:_____Cell Phone:_____

Email Address:_____

Emergency Contact #2

Name:_____Cell Phone:_____

Email Address:_____

Club Affiliations:

☐ NSCA ☐ FFA ☐ 4H ☐ SCTP

Permission to Share Information

I approve to have the parent phone, email & name of student school to be shared in a Parent Only Directory. Please note that this information will not include any student phone or email and will not be used for solicitation from any other parents.

☐ Yes ☐ No