

# Andrews County Youth Recreation Center Family Information

**Parent Information:** Please enter information for the HOME the child resides in.

Primary Guardian (last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Secondary Guardian (last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Emergency Contact Information

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Player Information:** Please list every child in the home

1. Last: \_\_\_\_\_ First: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Last: \_\_\_\_\_ First: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Last: \_\_\_\_\_ First: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

4. Last: \_\_\_\_\_ First: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

5. Last: \_\_\_\_\_ First: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

6. Last: \_\_\_\_\_ First: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_