

**GAME CLUB!**

Please fill out the information below and return it to the FRONT OFFICE. Please complete a form for each child. Game Club will meet each Tuesday in Ms. Sisson's room, 256.

**Student Information:**

Student's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell  
\_\_\_\_\_

Please let us know if your child has any physical limitations and/or food allergies.

\_\_\_\_\_

\_\_\_\_\_ I give permission for my child to participate in this activity.

Parent/Guardian Signature \_\_\_\_\_