

General Information

* Family Surname: _____

* Mailing Address: _____

Please enter contact information for anyone to whom you would like us to send communication below (parents and participating children). If you prefer we don't send communication to your children, please leave those spots blank. We do not use your information for anything other than communicating pertinent information regarding games, practices, and events, and we do not give your information to anyone outside of SAC.

List participating children (include any children that will be participating in a SAC sport during this school year):

First Name	Grade And Age G/A*	Cell Phone Number	Text this Phone? Y or N	Email Address (Please note that it is a requirement to check e-mail regularly in order to keep up to date on schedule changes. Also, you will need an email address to be invited to TeamSnap.)	School	Date of Last Physical (Year)	Does SAC have Physical Form on File?
Parent*	X	*	*	*	X		
Parent							
Child	*				*	*	*
Child	*				*	*	*
Child	*				*	*	*
Child	*				*	*	*
Child	*				*	*	**

* This is REQUIRED information