

**Linway Youth Activities**  
**Contact Information Form**

PLEASE PRINT

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

Allergies/Medical Conditions: \_\_\_\_\_

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Siblings: \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Anyone else permitted to pick-up this child?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_