

## Inspire Athletics Membership Information Form

Date: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Clerks Initials: \_\_\_\_\_ Entered into PC: \_\_\_\_\_

<b>Child's Name:</b>			
Address:			
City, State Zip:			
Parent's Name:			
Home Phone:			
Mother's Work Number:			
Father's Work Number:			
Cell Phone/Pager#:			
Email Address:			
Emergency Name:		Phone #	
School:			
Date of Birth			
Child's SS#		(Only needed if competing)	
Pre-Existing Medical Condions (i.e. allergies, physical limitations)			
Referred by:			

