



**FENWAY GOLF
PARENT INFORMATION FORM**

Please complete this form and return it to a staff member. This information will be used only in the interest of your child and will help us make pick up run safe and smooth.

SESSION(S): June 23-26 _____ June 29-July 3 _____

Participants Name: _____ Nickname?: _____

Parents Names: _____ Cell: _____

Emergency Contact if parent not available in an emergency:

Name: _____ Cell: _____

Any siblings in the program? YES NO What are their ages? _____

List names of any other people you will allow to release your child/children to: (Child will not be released to anyone but the registered parent unless his/her name appears here).

Any additional information that we need to be aware of (allergies/medication):

Signature: _____ Date: _____

Relation to child: _____