

ARLINGTON TRAPPERS

SHOOTER'S INFORMATION

DATE:

LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME / GOES BY
HOME STREET ADDRESS			T-SHIRT SIZE (S-M-L-XL-2X-3X)
CITY	STATE	ZIP	HOME PHONE #
DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX	GRADE
SHOOTER'S CELL PHONE #		SHOOTER'S EMAIL ADDRESS:	
DO YOU WANT TO RECEIVE TEXT MESSAGES? Yes or No		DO YOU WANT TO RECEIVE UPDATES VIA EMAIL? Yes or No	
HUNTER SAFETY #		ATA#	
WHEN DID YOU TAKE COURSE? (MM/DD/YYYY)		NSSA#	

FATHER'S INFORMATION (OR LEGAL GUARDIAN)

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO SHOOTER
HOME STREET ADDRESS			DOES SHOOTER LIVE WITH YOU?
CITY	STATE	ZIP	HOME PHONE #
HOME PHONE #		WORK PHONE #	
CELL PHONE #		EMAIL ADDRESS:	
DO YOU WANT TO RECEIVE TEXT MESSAGES? Yes or No		DO YOU WANT TO RECEIVE UPDATES VIA EMAIL? Yes or No	

MOTHER'S INFORMATION (OR LEGAL GUARDIAN)

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP TO SHOOTER
HOME STREET ADDRESS			DOES SHOOTER LIVE WITH YOU?
CITY	STATE	ZIP	HOME PHONE #
HOME PHONE #		WORK PHONE #	
CELL PHONE #		EMAIL ADDRESS:	
DO YOU WANT TO RECEIVE TEXT MESSAGES? Yes or No		DO YOU WANT TO RECEIVE UPDATES VIA EMAIL? Yes or No	

EMERGENCY CONTACT INFORMATION (OTHER THAN LISTED ABOVE)

EMERGENCY CONTACT #1:	PHONE #
RELATION:	OTHER PHONE #
EMERGENCY CONTACT #2:	PHONE #
RELATION:	OTHER PHONE #

MEDICAL INFORMATION

Does Shooter have any known ALLERGIES? (Food, Medicine, or otherwise)	Yes (Explain Below)	No
Does Shooter have any known Illness, Medical Condition, or Physical Limitation?	Yes (Explain Below)	No
Does Shooter take any MEDICATION?	Yes (Explain Below)	No
MEDICAL INSURANCE COMPANY NAME	POLICY GROUP #	INSURANCE COMPANY PHONE #
NAME OF INSURED	POLICY ID #	COPY OF INSURANCE CARD PROVIDED? Yes or No

CALLING POST INFORMATION

DO YOU WANT TO RECEIVE CALLING POST MESSAGES FOR UPDATES & TEAM INFORMATION?	Yes or No
PHONE #1	PHONE #2