

# Club West Dance ID Form

For Office Use Only

|                                    |                                   |   |  |
|------------------------------------|-----------------------------------|---|--|
| KidTrax ID<br><input type="text"/> | Member ID<br><input type="text"/> | Data Entry<br>Rec'd: <input type="text"/><br>Entered: <input type="text"/><br>ID Issued: <input type="text"/> | Membership Dates<br>Service: <input type="text"/><br>Termination: <input type="text"/><br>Initial: <input type="text"/><br>Renewal: <input type="text"/> |
|------------------------------------|-----------------------------------|---|--|

## Student (Please Print)

|   |   |  |  |
|---|---|--|--|
| Students First Name:<br><input type="text"/>              | Students Middle Name:<br><input type="text"/> | Students Last Name:<br><input type="text"/>          |  |
| Name of person member lives with:<br><input type="text"/> | Home Phone Number:<br><input type="text"/>    | Emergency Contact Name:<br><input type="text"/>      |  |
| Home Address:<br><input type="text"/>                     |   | Emergency Phone & Extension:<br><input type="text"/> |  |
| City:<br><input type="text"/>                             | State:<br><input type="text"/>                | Postal Code:<br><input type="text"/>                 | Email Address:<br><input type="text"/> |

## Demographic

|   |                                     |                              |                                    |   |
|---|-------------------------------------|------------------------------|------------------------------------|---|
| Gender:<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male                                 | Birth date:<br><input type="text"/> | Age:<br><input type="text"/> | Ethnicity:<br><input type="text"/> | Language at Home:<br><input type="text"/> |
| School:<br><input type="text"/>   | Grade:<br><input type="text"/>      |                              |                                    |   |
| Family Totals- Sisters: <input type="text"/> Brothers: <input type="text"/> Household: <input type="text"/> |                                     |                              |                                    |   |

## Parent/Guardian

|  |   |  |
|--|---|--|
| Father's First Name:<br><input type="text"/>   | Father's Last Name:<br><input type="text"/>   | Father's Cell:<br><input type="text"/>               |
| Mother's First Name:<br><input type="text"/>   | Mother's Last Name:<br><input type="text"/>   | Mother's Cell:<br><input type="text"/>               |
| Guardian's First Name:<br><input type="text"/> | Guardian's Last Name:<br><input type="text"/> | Guardian's Work Phone & Ext:<br><input type="text"/> |

## Pick up Information

|   |                                    |                                       |
|---|------------------------------------|---------------------------------------|
| Names of <u>two</u> Persons Authorized to pick up Member. |                                    |                                       |
| 1.) First Name:<br><input type="text"/>                   | Last Name:<br><input type="text"/> | Phone Number:<br><input type="text"/> |
| 2.) First Name:<br><input type="text"/>                   | Last Name:<br><input type="text"/> | Phone Number:<br><input type="text"/> |
| Persons Not Authorized:<br><input type="text"/>           |                                    |                                       |

I give my consent for photographs, in which my son/daughter may appear, to be used in any way Club West may care to use them.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Club Member's Signature