



KIDS SPORTS

ENROLLMENT FORM

Child's Name: _____ Boy: _____ Girl: _____

Home Address: _____ Zip: _____

Home Phone #: _____ Date of Birth: _____

Email Address: _____ Fax #: _____

Father's Name: _____

Cell Phone #: _____ Work Phone #: _____

Mother's Name: _____

Cell Phone #: _____ Work Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____

Child's School: _____ Dismissal Time: _____ Grade _____

Circle Day Child Will Attend:

Monday Tuesday Wednesday Thursday AM Thursday PM Friday

My child, whose name appears above, is to be enrolled in the Cavaliers after school sports program and has my permission to be transported to and from and to participate in all activities in the program.

Parents Signature: _____ Date: _____

Cavaliers Kids Sports
3 Rebecca Lane
Pleasantville, NY 10570

Door to Outdoors: Great Sports for NY Kids
Phone: 212-865-4300
Fax: 212-865-1177

www.cavalierskids.com