



SHUTTLE REGISTRATION FORM

UNIT: Jeffrey Goldtrap Stephens Evans

SCHOOL _____ SEMESTER _____ PAID _____
(receipt number)

CHILD'S NAME _____ (_____)
Nickname

BIRTH DATE _____ AGE _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FSBGC CARD # & YEAR _____

PARENT OR GUARDIAN'S NAME _____

HOME PHONE _____ WORK PHONE _____ (Ext) _____

PARENT OR GUARDIAN'S NAME _____

HOME PHONE _____ WORK PHONE _____ (Ext) _____

EMERGENCY CONTACT _____

HOME PHONE _____ WORK PHONE _____ (Ext) _____

**LIST ANY INFORMATION ABOUT THE PARTICIPANT THAT THE FSBGC STAFF SHOULD BE AWARE OF
(MEDICAL PROBLEMS, ALLERGIES, MEDICATIONS, ETC.)**

I HEREBY GIVE THE ABOVE NAMED MEMBER PERMISSION TO PARTICIPATE IN THE FSBGC SCHOOL SHUTTLE PROGRAM. I UNDERSTAND THAT THE MEMBER WILL BE PICKED UP FROM THE ABOVE NOTED SCHOOL BY A QUALIFIED DRIVER, AND TRANSPORTED DIRECTLY TO THE FSBGC UNIT NOTED ABOVE.

_____ SIGNATURE _____ RELATION TO MEMBER _____ DATE

RIDES PROVIDED FROM SCHOOL TO CLUB ONLY (No Returns)