FORT SMITH
BOYS & GIRLS CLUBS

SHUTTLE REGISTRATION FORM

UNIT: ☐ **Jeffrey-Glidewell** ☐ **Goldtrap-Garner** ☐ **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.)

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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)