

WINTER PARK CHEER ATHLETICS
“THE PARK PICK-UP PROGRAM”

CHILD NAME _____

CHILD AGE _____

SCHOOL NAME _____

PICK UP TIME _____

TEACHER NAME _____

PARENT’S NAME

MOTHER _____

FATHER _____

ADDRESS _____

PARENT’S PHONE NUMBER

MOTHER _____

FATHER _____

PARENT E-MAIL ADDRESS: _____

MEDICAL INSURANCE INFORMATION:

NAME _____

POLICY NUMBER _____

Additional Information: (special instructions)- _____

Allergies: _____

6870 Stapoint Court, Winter Park, Florida 32792
407-595-1971 or 321-972-6945

**YOU ARE RESPONSIBLE TO CALL WPCA
321-972-6945 or 407-595-1971 BY 10:00 A.M.
IF YOUR CHILD IS ABSENT FROM SCHOOL SO THE DRIVER WILL BE INFORMED.**

Please complete entirely and print legibly

Mother's Employer: _____

Father's Employer: _____

Persons authorized to pick up: _____

Authorization Code (Private Code) _____

(example - pet, name, favorite character, number)

Persons to be contacted in Case of Emergency:

(Be sure to include someone who will usually know your whereabouts)

Name _____ Relationship _____

Address _____

Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____

Address _____

Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____

Address _____

Home # _____ Work # _____ Cell # _____

Child's Physician _____ Phone # _____

Dentist _____ Phone # _____

Emergency Hospital Preference _____

Medical Conditions: _____ Allergies: _____

Special Instructions: _____

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD TO THIS FORM.