



Membership Information Update

Member ID#	_____
Kid Trax	_____
Member Status	
___ New	
___ Renewal	
___ Scholarship	
Data Entry	
Received	_____
Entered	_____

Confidentiality Clause: Any information requested is for our records and for the funding our Organization receives. The information you provide will be kept in strict confidence. Your cooperation in providing this information is both necessary and appreciated.

Member Information:

First Name _____	Last Name _____
Date of Birth _____	
School _____	Grade _____

Head of Household			
First Name _____	Last Name _____		
Address _____			
City _____	State _____	Zip _____	
Phone Number _____	(home) _____	(cell) _____	(work) _____
Parent/Guardian			
First Name _____	Last Name _____		
Address _____			
City _____	State _____	Zip _____	
Phone Number _____	(home) _____	(cell) _____	(work) _____

Emergency Contact			
First Name _____	Last Name _____		
Phone Number _____	(home) _____	(cell) _____	(work) _____
First Name _____	Last Name _____		
Phone Number _____	(home) _____	(cell) _____	(work) _____

T-shirt size _____

Parent/Guardian Signature _____ Date _____