

North Pocono Junior Trojans Family Registration form

Please fill out one form per family

Parent 1: _____

Parent 2: _____

Phone: _____

Phone: _____

Text/App Notifications: (Yes) (No)

Text/App Notifications: (Yes) (No)

Email: _____

Email: _____

Prefer to work: (Circle one)

(Food Hut) (Chains) (Either)

Additional Guardians: (for pick up, emergencies and band app notifications)

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Phone: _____

Phone: _____

Text/App Notifications: (Yes) (No)

Text/App Notifications: (Yes) (No)

Children participating in NPJT

Sibling 1 name: _____

Sibling 5 Name: _____

Age: _____ Team/Squad : _____

Age: _____ Team/Squad: _____

Sibling 2 Name: _____

Sibling 6 Name: _____

Age: _____ Team/Squad: _____

Age: _____ Team/Squad: _____

Sibling 3 Name: _____

Sibling 7 Name: _____

Age: _____ Team/Squad: _____

Age: _____ Team/Squad: _____

Sibling 4 Name: _____

Sibling 8 Name: _____

Age: _____ Team/Squad: _____

Age: _____ Team/Squad: _____

