



# Star Hill Family Athletic Center

100 Gerber Drive  
Tolland, CT 06084

860-871-8800

[www.starhillsports.com](http://www.starhillsports.com)



## CARE - Personal Information Form

*Please Return Completed Form to Star Hill*

### Personal Contact Information

*(you may put multiple students on this form if all info is the same, otherwise please complete multiple forms)*

Student's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

Town, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Home e-mail \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Street Address (if different than student) \_\_\_\_\_

Town, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Employer \_\_\_\_\_ Work e-mail \_\_\_\_\_

Employer's Address/City/State/Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Street Address (if different than student) \_\_\_\_\_

Town, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Employer \_\_\_\_\_ Work e-mail \_\_\_\_\_

Employer's Address/City/State/Zip \_\_\_\_\_

Other Guardian's Name \_\_\_\_\_

Street Address (if different than student) \_\_\_\_\_

Town, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Employer \_\_\_\_\_ E-mail \_\_\_\_\_

Employer's Address/City/State/Zip \_\_\_\_\_

Star Hill Members? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Pick-Up Authorization

Please list **ALL** adults authorized to pick-up student(s), without special permission, on a day-to-day basis  
(please include Parent/Guardians listed on front page)

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Do you authorize Star Hill to release the student(s) to other individuals with your written permission?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If Yes, who is authorized to **send** written notes?

1. \_\_\_\_\_

2. \_\_\_\_\_

Do you authorize Star Hill to release the student(s) to other individuals based on a telephone call authorization?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If Yes, who is authorized to **call** with permission?

1. \_\_\_\_\_

2. \_\_\_\_\_

## Emergency Contact Information

**Emergency Contact Name** (*someone other than parent/guardian*) \_\_\_\_\_

Street Address, Town, State, Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Relationship to student \_\_\_\_\_

## Other

Please list ALL known allergies (incl. food) & treatments \_\_\_\_\_

\_\_\_\_\_

List all medications that will have to, or potentially have to, be taken at Star Hill (incl. Epi pens & inhalers) \_\_\_\_\_

\_\_\_\_\_

List all medications taken at home (but will NOT be taken at Star Hill) \_\_\_\_\_

\_\_\_\_\_

Are there any medical or behavioral issues that we should know about (incl. any issues getting along with peers and/or adults)? \_\_\_\_\_

\_\_\_\_\_

Please list anything about your child that may help us make his/her time at Star Hill enjoyable (likes, dislikes, fears, social skills, etc...). Thank you. We are looking forward to a great program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_