CADET RECORD INFORMATION

Please provide the information below in lines 1-9. This form will be reviewed annually.

1. **Cadet's Name: ____**
2. **Gender: (circle one) M F Race: __________ DOB (Mth/Yr): ______/ 19______**
3. **Home School: (circle one) G T Y School Year: 9 10 11 12**
4. **Parent/Guardian(s): ____**

   ____
5. **Mailing Address: ____**

   ____
6. **Home Phone Number (_____) _____ - __________**
7. **Work Phone Number(s) (_____) _____ - __________; (_____) _____ - __________**
8. **Cell Phone(s) (_____) _____ - __________; (_____) _____ - __________**
9. **Email Address(es) Parent __________________________ @ ___________________**

   Parent __________________________ @ ___________________

   Cadet __________________________ @ ___________________

*********************** FOR OFFICE USE ************************

Form \ Date	YR ___	YR ___	YR ___	YR ___
Standard Release				
Health Risk Screen				
Sports Physical				
YCSD Field Trip				