

JAGS REC PARENT INFORMATION

Athlete Name: _____

Parent/Guardian(s) Name: _____

Parent/Guardian(s) Phone Number: _____

Parent/Guardian(s) Email: _____

Please circle any days you can **NOT** practice 5:45 pm – 7:15 pm. If you can attend any/all days, please leave blank

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

Any Scheduling Conflicts (preplanned absences, special requests, etc.):

Any notes for Buckley or the coaches about your athlete:

