GENERAL INFORMATION					
NAME:					
ADDRESS:					
SCHOOL:					
GRADE:					
GENDER					
D.O.B.					
T-SHIRT SIZE:	YOUTH	or	ADULT	(circle one)	
SHORTS SIZE:	YOUTH	or	ADULT	(circle one)	
EMERGENCY CONTACT INFORMATION					
NAME:					
PHONE #:	RELATIONS	HIP:			
NAME:					
PHONE #:	RELATIONS	HIP:			
MEDICAL INFORMATION					
MEDICAL LIMITATIONS OR KNOWN ALLERGIES:					
Guardian Signature			Date		

## Submit to Officer DePape no later than May 27, 2019

Chesterfield Police Department, 46525 Continental Dr, Chesterfield, MI 48047 or via email at <a href="mailto:adepape@chesterfieldpolice.org">adepape@chesterfieldpolice.org</a>
Any questions can be directed to Officer DePape at (586) 949-2117