



NEW MEMBER ENROLLMENT FORM

WELCOME TO THE HIC FAMILY!

Date: _____

Child's Name: _____ D.O.B: _____ Gender: **F** **M**

Grade: _____ Parent/Guardian Name: _____

Address (optional): _____

City (optional): _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact other than parent/guardian:

Name: _____ Relationship to Child: _____

Phone Number: _____

Allergies: _____

Is there any other medical information of which HIC should be aware? *i.e. special instructions for emergency personnel.* (**Y** / **N**) Please list if yes: _____
