Participant Information

Date: _____

Name of Participant (Last/First) _____

Grade Fall '19 _____ School Fall '19 _____

Age:_____ Date of Birth _____ Gender_____

Home Phone _____ Participant Cell Phone_____

Address _____

Parent/Guardian Information

Father/Guardian _____ Email_____

Home Phone_____ Cell Phone_____

Work Phone _____

Home Phone_____ Cell Phone_____

Work Phone _____

Emergency Contact Information

(At least 2 different phone numbers for 2 local adults who are not listed above is required)

1. Emergency Contact (name & relation)_____

Home Phone _____ Cell Phone _____

Work Phone _____

2. Emergency Contact (name & relation)_____

Home Phone _____ Cell Phone _____

Work Phone _____

Health Information

Special/Diet/Allergies_____

Routine Medication_____

Notes _____