

**PARTICIPANT INFORMATION:**

PARTICIPANT NAME: \_\_\_\_\_ PROGRAM \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ PROGRAM DATES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PARENT/GUARDIAN(S):**

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PERSONS TO WHOM CHILD MAY BE RELEASED:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_