

PARTICIPANT INFORMATION

| | |
|-------------------------|--------------------|
| Last Name | First Name: |
| Address | |
| City | |
| State | Zip Code |
| Date of Birth | |
| School Attending | |
| Grade | Shirt Size |

Parents or Guardians Information

| | |
|---------------------|-------------------|
| Last Name | First Name |
| Relationship | |
| Address | |
| City | |
| State | Zip Code |
| Home Phone | Work Phone |
| email | |

Other Emergency Contact

| | |
|----------------|-------------------|
| Name | Home Phone |
| Address | Work Phone |

Medical Information

| | |
|---------------------------|-----------------|
| Doctor | |
| Address | |
| City | |
| State | Zip Code |
| Dr.'s Office Hours | |
| Allergies | |
| Medical Problems | |
| Medication | |