

PARTICIPANT ENROLLMENT FORM

STUDENT

FIRST NAME: _____ LAST NAME _____
AGE: _____ GENDER: _____ M _____ F
ADDRESS: _____ APT# _____
CITY: _____ STATE : _____ ZIP CODE: _____ DOB ____ / ____ / ____
CELL PHONE: (____) _____ - _____ HOME: (____) _____ - _____
E-MAIL ADDRESS: _____

PARENT CONSENT

FIRST NAME: _____ LAST NAME _____
CELL PHONE: (____) _____ - _____ HOME: (____) _____ - _____
E-MAIL ADDRESS: _____

EMERGENCY CONTACT

EMERGENCY CONTACT NAME: _____
EMERGENCY CONTACT NUMBER: (____) _____ - _____
ALLERGIES/NEEDS: _____
ADDITIONAL INFO (STUFF WE NEED TO BE AWARE OF) _____

THE CHILD NAME ABOVE IS IN GOOD HEALTH AND I CONSIDER HIM /HER CAPABLE OF THE ACTIVITIES TAKING PLACE. I AGREE TO HIM/HER TAKING PART IN YOUTH ACTIVITIES. IN AN EMERGENCY I CONSENT TO TREATMENT BY MEDICAL HEALTH PROFESSIONALS, IF CONSIDERED NECESSARY.

PRINT: _____
SIGN: _____ DATE: ____ / ____ / ____

I ALSO GIVE PERMISSION FOR PHOTOS/VIDEO FOR LOCAL PROMOTION TO BE TAKEN (CHILDREN WILL NOT BE IDENTIFIED BY NAME).

PRINT: _____
SIGN: _____ DATE: ____ / ____ / ____