



Registration and Emergency Contact Information

Please Print Clearly

Participants Name: _____

Date of Birth (if under 18): _____ Male/Female

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail: _____

School: _____ Grade: _____

Emergency Contact Information

Name: _____ Phone #: _____

Relationship to participant: _____

Name: _____ Phone #: _____

Relationship to participant: _____

Are there any dietary limitations, allergies, current medications or current medical conditions you would like us to know about? Yes/No If yes please explain: _____
