

## Participant Emergency Information Sheet

Keeping your child's safety in mind, please provide all possible information on the form below. A completed separate sheet will need to be completed for each child registered.

PLEASE PRINT

Check the box for the appropriate program

- Athletic Program     Day Camp Program

---

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone number \_\_\_\_\_  
Email address \_\_\_\_\_  
Name of person who is usually home \_\_\_\_\_  
Do they speak English?    Yes     No

Mother's full name \_\_\_\_\_  
Mother's work phone number \_\_\_\_\_  
Mother's cell phone number \_\_\_\_\_  
Mother's pager number \_\_\_\_\_  
Does the mother speak English?    Yes     No

Father's full name \_\_\_\_\_  
Father's work phone number \_\_\_\_\_  
Father's cell phone number \_\_\_\_\_  
Father's pager number \_\_\_\_\_  
Does the father speak English?    Yes     No

Closest relative Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Do they speak English?    Yes     No

Name of carpool members and phone numbers \_\_\_\_\_

---

Allergies or physical difficulties? Please list \_\_\_\_\_

In case of emergency notify? (other than parent)  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone number(s) \_\_\_\_\_  
Do they speak English?    Yes     No