

General Information Form

Program Name: _____

Program Date(s): _____

Program Location: _____

Participant Name: _____

Date of Birth: _____ T-Shirt Size: _____ Grade in Upcoming Fall: _____

Gender: _____

Parent/Legal Guardian:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Emergency Contact #1 Name: _____

Relation to Participant: _____

Phone: _____ Alt. Phone: _____

Emergency Contact #2 Name: _____

Relation to Participant: _____

Phone: _____ Alt. Phone: _____

Individuals authorized to pick up the Participant from the program:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Will the Participant have a vehicle on campus? ☐ Yes ☐ No

Note: The program's policies on personal vehicle use apply. Keys must be left with the Program Director, and a parking pass is required. Contact the program for information.

If the Participant will not be released to an authorized adult at the end of the program (your child is driving a personal vehicle home, walking/biking home, etc.), please contact the Program Director.

A parent or legal guardian must sign this form for a minor under the age of 19.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____