**Participant Application**

**Students Information**

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| --- | --- |
| Student First Name: | Students last name: |
| Address (Number and Street): | |
| City: | Zip Code: |
| Date of Birth(MM/DD/YEAR): | Gender: |
| School Attending: | Grade/Class: |

**Emergency Contact Information**

|  |  |
| --- | --- |
| Emergency Contact #1 Name: | Relationship to Students |
| Home Telephone: | Cellphone: |
| Work Telephone: | Other number to contact: |

|  |  |
| --- | --- |
| Emergency Contact #1 Name: | Relationship to Students |
| Home Telephone: | Cellphone: |
| Work Telephone: | Other number to contact: |

|  |  |
| --- | --- |
| Emergency Contact #1 Name: | Relationship to Students |
| Home Telephone: | Cellphone: |
| Work Telephone: | Other number to contact: |
| The following people May Not pick up my child:  Name: | |
| Does order of protection exist? | |
| Preferred language of communication? | |

|  |
| --- |
| **Please answer the questions below and provide additional details in the space provided** |
| Does the applicant have any allergies? (Food, medication, etc.) No\_\_ Yes \_\_ |
| Does the applicant have asthma? No\_\_ Yes \_\_ |
| Does the applicant have special health care needs? No\_\_ Yes \_\_ |
| Does the applicant take medication for any condition or illness? No\_\_ Yes \_\_ |
| Are there activities the applicant cannot participate in? No\_\_ Yes \_\_ |
| Please provide any additional health information details: No\_\_ Yes \_\_ |
| Please list any accommodations you are requesting for yourself/the applicant: No\_\_ Yes \_\_ |

Student Health Information

Parents/Guardian Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_