

## **Participant Information Form**

Parent/Guardian Information			
Parent (First/Last name)	Pi	rimary Phone	Secondary Phone
Parent (First/Last name)	Pi	rimary Phone	Secondary Phone
Email Address			
Child(ren) Information			
Child (First/Last Name)	Does your child have any allergies, please list:		
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:			
Child (First/Lost Name)	Does your child have any allergies, please list:		
Child (First/Last Name)	2000	your orma navo any amongrous, product	
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:			
Child (First/Last Name)	Does your child have any allergies, please list:		
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:			
Dood your office flat have any openial needs, a disability of medical conditions that we official as aware of the you, please list.			
If your child requires medication at camp, complete a Medication Record Form			
Emergency Contact in the event a parent cannot be contacted:			
Name		Relationship to Child(ren)	
Primary Phone		Secondary Phone	

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