|  |  |
| --- | --- |
| Participant |  |
| Full Name |  |
| Address |  |
| Phone # |  |
| Email |  |
| Health Card# |  |
| Family Dr. |  |
| Allergies/  Medications |  |
| Previous Injuries/learning challenges |  |

|  |  |
| --- | --- |
| Parent #1 |  |
| Full Name/Relationship |  |
| Address |  |
| Phone # |  |
| Email |  |

|  |  |
| --- | --- |
| Parent #2 |  |
| Full Name/Relationship |  |
| Address |  |
| Phone # |  |
| Email |  |

|  |  |
| --- | --- |
| Alternative |  |
| Full Name/Relationship |  |
| Address |  |
| Phone # |  |
| Email |  |