**NAME OF EVENT** **REGISTRATION FORM** **Name of Sponsoring Organization**

* Please complete the Participant and Emergency Information on page 1 and Waiver on page 2. Upload the form to online registration site with registration fee by deadline, or mail the entire form with registration fee (check payable to name of organization) at address by deadline.
* Participation will not be allowed without signed and completed form.

**Participant Information**

First name Middle Initial Last Name

Birthdate Grade Gender T-shirt size

Address

City State Zip Code

**Household Information**

Parent/Guardian #1 Parent/Guardian #2

Day Phone Evening Phone Day Phone Evening Phone

Additional Phone(s) (cell, pager, other) Additional Phone(s) (cell, pager, other)

Email Address Email Address

**Medical Information**

*Please list all of the following to provide staff with your youth’s medical needs. This information will be kept confidential.*

Allergies (including food and medication allergies), whether youth carries epinephrine pen, dietary restrictions, all medications to be taken with dose and schedule, and any other medical issues (e.g. respiratory, diabetes, cardiac, neurological) and attach additional information as needed:

**Emergency Contacts:** In the event a parent/guardian cannot be reached, please list two additional contacts.

Name: Name:

Relationship: Relationship:

Phone: Alt. Ph: Phone: Alt. Ph:

**Parent/Guardian Printed Name Signature Date**