



PARTICIPANT INFORMATION SHEET

PARTICIPANT LAST NAME:	PARTICIPANT FIRST NAME:	DATE OF BIRTH:	GENDER:

IS THERE ANYTHING THAT WE SHOULD BE AWARE OF THAT WILL HELP ME BETTER SUPPORT YOUR CHILD?
PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE:

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR REQUIREMENTS IN ORDER TO PARTICIPATE FULLY?
PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE:

Parent or Guardian Emergency Contact:	
NAME:	PHONE:
	EMAIL:
NAME:	PHONE:
	EMAIL:
IF REQUIRED, PHYSICIAN'S NAME:	PHYSICIAN'S CONTACT NUMBER: