

# PARTICIPANT INFORMATION CARD

Parent or Legal Guardian should complete items one through seven. One information card must be completed for each participant. Participants attending programs at multiple locations must have a separate information card for each program location. Each member or guest that is authorized to check-in or check-out a child must be listed in item 4 on this card. All information cards are confidential and kept on-site for emergency and contact purposes only.

1. Child/Participant Information:			
Child/Participant Name:			Date of Birth:
2. Physical Description:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Height	Weight
3. Parent/Legal Guardian Information:			
Name:		Address:	
Home Phone #	E-mail Address:	Cell Ph./Alt. Ph. #	Membership # If Applicable
4. Additional Authorized Sign-In/Sign-Out Person(s):			
B. Name:		Home Phone #	Cell Phone/Alternate #
C. Name:		Home Phone #	Cell Phone/Alternate #
5. Emergency Contact Information:			
Emergency Contact Name:		Home Phone #	Cell Phone/Alternate #
6. Medical Information:			
Medical Insurance Company:		Policy Number	
Participants' Physician Name:		Phone Number:	
7. Additional Child/Participant Information:			
Allergies: (If no known allergies, please note N/A)			
Other Important Information:			

A. \_\_\_\_\_  
Parent/Legal Guardian (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

B. \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date