

## PARTICIPANT INFORMATION SHEET

PARTICIPANT LAST NAME:	PARTICIPANT FIRST NAME:	DATE OF BIRTH:	GENDER:
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IS THERE ANYTHING THAT I 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:	CONTACT:
NAME:	PHONE:
	EMAIL:
NAME:	PHONE:
	EMAIL:
IF REQUIRED, PHYSICIAN'S NAME:	PHYSICIAN'S CONTACT NUMBER: