



Group Name: _____

Group Trip Dates: _____

PARTICIPANT REGISTRATION

PARTICIPANT INFORMATION

Participant Name: _____

Grade (Rising in Fall): _____

Birthday: _____

Age: _____

Gender & Pronouns (She/Her/Hers or He/Him/His or They/Their/Theirs): _____

Phone Number: _____

Email: _____

Address: _____

Date of Last Tetanus Shot: _____

Known Allergies (including food, medication, etc.): _____

Current Medication and/or Health Conditions: _____

EMERGENCY CONTACT INFORMATION (please provide two)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Name of Health Insurance Company: _____

Group Number: _____ Policy Number: _____

Name of Policy Holder: _____

Phone Number of Policy Holder: _____

Phone & Address of Insurance Company _____

*Participants without medical insurance may still be able to attend understanding the risk and personal liability to any and all medical payments.

**Please attach a copy of participant insurance card to this form. Information will be destroyed following service week.