



PARTICIPANT INFORMATION

Please Print Legibly

Participant Information

Full Name of Participant: _____
Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Age: _____
Home Address: _____
City: _____ Province: _____ Country: _____ Postal: _____
Home Phone #: _____ Alternative Phone #: _____
Email: _____

Health Issues/Activity Restrictions

Medication: _____

Emergency Contact Information

Name of Emergency Contact: _____
Address (if other than Participant): _____
City: _____ Province: _____ Country: _____ Postal: _____
Relationship to Participant: _____
Home Phone #: _____ Alternative Phone #: _____
Email: _____

Name of Emergency Contact: _____
Address (if other than Participant): _____
City: _____ Province: _____ Country: _____ Postal: _____
Relationship to Participant: _____
Home Phone #: _____ Alternative Phone #: _____
Email: _____