

Primary Emergency Contact

(Check if applicable) Contact is the same as: ___ Mother ___ Father ___ Legal Guardian

Last Name: _____ First Name: _____ Middle Initial: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Pager: (____) _____

Other: (____) _____ Email Address: _____

Alternate Emergency Contact Information (Other than Parents/Guardian)

Alternate #1

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email Address: _____

Alternate #2

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email Address: _____

Medical Insurance Information (Please provide copy of front & back of medical card)

Name of Medical Insurance Company: _____

Policy Number: _____

Contact Telephone Number: (____) _____

Cover Size: ___ XX Small ___ X Small ___ Small ___ Medium ___ Large

T-shirt Size: ___ Small ___ Medium ___ Large ___ X Large ___ XX Large