



Participant Information Form

Childs Name: _____ DOB: _____

Childs Name: _____ DOB: _____

Parent/Guardian Information	Authorized People for Pickup
Name: Number:	Name: Number:
Name: Number:	Name: Number:
Emergency Contact if Parents are not Available Name: Number: Relationship:	Name: Number: <p style="text-align: center;">Children must be signed in and out and will not be allowed to leave with anyone who is not on the list.</p>

Medical Information Allergies & Medical Conditions
_____ _____ _____ _____

Additional Information (For example any behavioural issues)
_____ _____ _____

Parent/Guardian Signature: _____ Date: _____