



PARTICIPANT INFORMATION FORM

1. Child's Information:

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Date of Birth (Y/M/D): _____ / _____ / _____ Male Female

2. Parent/Guardian Information:

Name: _____ Home Phone Number: _____

Work Phone Number: _____ Mobile Phone Number: _____

3. Emergency Contact Information:

Name: _____

Phone Number: _____ Relationship: _____

4. Health Information - please state any allergies or medical conditions that we should be aware of:

5. Additional Comments - Is there anything else we need to know in order to make your child's camp experience safe and fun:

I acknowledge that there some risks, dangers and hazards associated with my child's participation in the camp. **WILKINSONSPORT** will not be held liable for any personal injury in any way or form. We will provide the most professional care for your child for the duration of the camp.

I hereby consent to my child's participation in the camp on the terms above by signing below.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____