

## PARTICIPANT INFORMATION SHEET

PARTICIPANT LAST NAME:	PARTICIPANT FIRST NAME:	DATE OF BIRTH:	GENDER:
IS THERE ANYTHING THAT I SHOULD BE AWARE OF THAT WILL HELP ME BETTER SUPPORT YOUR CHILD? PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE:			
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR REQUIREMENTS IN ORDER TO PARTICIPATE FULLY? PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE:			

  

Parent or Guardian Emergency Contact:	CONTACT:
NAME:	PHONE:
	EMAIL:
NAME:	PHONE:
	EMAIL:
IF REQUIRED, PHYSICIAN'S NAME:	PHYSICIAN'S CONTACT NUMBER: