

Emergency Contact and Medical Information for a Child

_____		_____		M__ F__
Child's Name		Date of Birth		Sex
_____		_____		
Parent's/Guardian's Name		Parent's/Guardian's Name		
_____		_____		
Home Phone	Cell Phone	Home Phone	Cell Phone	
_____		_____		
Address		Address		
_____		_____		
City, ST ZIP Code		City, ST ZIP Code		
_____		_____		
E-mail:		E-mail		

Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
Home Phone	Cell Phone	Home Phone	Cell Phone
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
_____	_____

Insurance Company

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
_____	_____

Participant T Shirt Size: _____

YS__ YM__ YL__ YXL__ AS__ AM__ AL__ AXL__ A2XL__ No T Shirt__

Must be Registered by June 16, 2025 to receive
A T-Shirt if shirts are printed this year.