REGISTRATION AND EMERGENCY CONTACT INFORMATION

You can download Registration/Emergency Contact Forms
at Centershot.org/Home/Resources.
An example is below.

PLEASE PRINT CLEARLY

Participant's Name: _____

Date of Birth (if under 18): _____   Male/Female

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

E-mail: _____

School: _____

Grade: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number: _____

Relationship to Participant: _____

Name: _____

Phone Number: _____

Relationship to Participant: _____

Are there any dietary limitations, allergies, current medications or current medical conditions you would like us to know about?   Yes/No

If yes, please explain: _____

_____

_____

_____

_____

_____

_____

_____