



Additional Information Form for Participants

Please fill out, print, and return to organization(s) in hardcopy prior to participation

Participant and Family Information

Full Name: Preferred Name: Pronouns:

Birth Year: Birth Month: Day of Birth: Current Age: Tshirt Size

Parent/Guardian #1

Parent/Guardian #2

Emergency Contact

Name: <input type="text"/>	Name: <input type="text"/>	Name: <input type="text"/>
Phone1: <input type="text"/>	Phone1: <input type="text"/>	Phone1: <input type="text"/>
Phone2: <input type="text"/>	Phone2: <input type="text"/>	Phone2: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>	Email: <input type="text"/>

Primary Address

Alternate Address

School: Grade:

Personal Medical Information

Health Card Number:

Doctor Name: Doctor Phone:

Dentist Name: Dentist phone:

Eye Doctor: Eye Doctor Phone:

Pharmacy: Pharmacy Phone:

Please check any items below that apply to this participant and explain further in text box below:

- | | | | | |
|------------------------------------|-----------------------------------|---|--|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Vaccinations Up to Date |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Glasses | <input type="checkbox"/> Dental Appliance | <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Concussions |
| <input type="checkbox"/> Epipen | <input type="checkbox"/> Contacts | <input type="checkbox"/> Medications | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Adaptive Devices Used |

In the text box below, please describe any ability or behaviour related information that would help the organizers provide a safe and positive environment for this participant. This includes considerations such as pertinent diagnoses, mobility, assistive devices, communication techniques, triggers/fears, whether this person participates with a buddy or support worker, personal care needs, etc.

Form Completed By:

(Name)

On:

(Date)