

Ascend Camp

Participant Information Form

PERSONAL INFORMATION – Please Print Clearly

Participant's Name: _____

T-shirt size (adult unisex): S | M | L | XL | XXL | >XXL: _____ **Date of Birth:** ___/___/___

Grade as of Fall 2019 (circle): 6 | 7 | 8 | 9 | 10 | 11 | 12 | Grad | Staff **Gender:** M | F

PARENT INFORMATION (for students only)

Name(s): _____

Primary Cell: _____ **Secondary Cell:** _____

Email: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy / Member Number: _____ **Company Phone:** _____

Group Number: _____ **Physician's Name:** _____

MEDICAL HISTORY

Please mark all that apply:

- Drug Allergies
- Seizure Disorder
- Cardiac Problems
- Epilepsy
- Diabetes

- Asthma
- Mental Disability
- Insect Sting Allergies
- Physical Disability
- Nervous Disability

Last tetanus shot: ___/___/___

Other (list):

Special Notes:

