

HEALTH AND YOUTH ENROLLMENT INFO



Please fill this out and bring it in to the Kroc Center or e-mail to Rebecca.Schaaf@use.salvationarmy.org

PARTICIPANT INFORMATION

Name

BARCODE

YOUTH ENROLLMENT INFO

SHIRT SIZE

Special Pickup Instructions? **Yes** **No**

EMERGENCY & PICKUP CONTACTS

NAME	RELATIONSHIP		
CELL	HOME	WORK	EXT
EMAIL			
CHECK ALL THAT APPLY	Emergency Contact	Guardian	Authorized for Pickup

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CELL	HOME	WORK	EXT
EMAIL			
CHECK ALL THAT APPLY	Emergency Contact	Guardian	Authorized for Pickup

NAME	RELATIONSHIP		
CELL	HOME	WORK	EXT
EMAIL			
CHECK ALL THAT APPLY	<input type="checkbox"/> EMERGENCY CONTACT	<input type="checkbox"/> GUARDIAN	AUTHORIZED FOR PICKUP

HEALTH INFORMATION

IMMUNIZATIONS UP TO DATE	Yes	No	Exempt
PHYSICIAN'S NAME			PHONE
INSURANCE COMPANY			POLICY #

CHECK ALL THAT APPLY

- Asthma
- Behavioral Challenges
- Carriers Inhaler
- Carries Epi-pen
- Diabetes
- Epilepsy
- Insect Stings Allergy
- Penicillin Allergy
- Special Needs

MEDICATIONS NAME (PURPOSE)

DIETARY RESTRICTIONS

ACTIVITY RESTRICTIONS

HEALTH HISTORY

PLEASE LIST ANYTHING ELSE WE SHOULD KNOW ABOUT YOU