



PARTICIPANT PROFILE FORM

Participant Name:

Date of Birth:

Age:

Gender:

Please list any any medical conditions, allergies, learning disabilities, physical deficiencies, or other disorders participant has or is being treated for you feel we should be aware of:

Is participant currently actively taking prescription medication for any conditions (including asthma inhalers) outlined above? If yes, please specify:

Emergency Contact Information:

Please specify the first & last name of contact, contact telephone number, and relationship to participant,

Authorized Pick-up Contacts:

Please specify the first & last name of contact, contact telephone number, and relationship to participant.

Note: Participant will only be released to the contacts outlined below. If you are giving participant consent to leave the camp site unattended, please leave this section blank and check the box below, sign, and date.

I hereby give my child permission to leave the Martial Way Summer Camp site without supervision and assume all responsibility for any actions or incidents occurring upon departure of our site.

Parent / Guardian Signature:

Parent / Guardian Print:

Date: