

# RIVERVIEW RECREATION PARTICIPANT EMERGENCY FORM

**PLEASE PRINT CLEARLY**

PARTICIPANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

SHIRT SIZE: (Please circle one Y=Youth & A=Adult) / (Please circle gender)

YS YM YL AS AM AL / MALE or FEMALE

PARENT'S NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

In case of an emergency where we are unable to contact you please contact:

1. NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Are there any medical conditions or allergies that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_