

PARTICIPANT INFORMATION SHEET

PARTICIPANT LAST NAME:	PARTICIPANT FIRST NAME:	DATE OF BIRTH:	GENDER:
<p>IS THERE ANYTHING THAT I SHOULD BE AWARE OF THAT WILL HELP ME BETTER SUPPORT YOUR CHILD? PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE:</p>			
<p>DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR REQUIREMENTS IN ORDER TO PARTICIPATE FULLY? PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE:</p>			

PRIMARY CONTACT NAME:	PHONE:
RELATIONSHIP:	EMAIL:
SECONDARY CONTACT NAME:	PHONE:
RELATIONSHIP:	EMAIL:
IF REQUIRED, PHYSICIAN'S NAME:	PHYSICIAN'S CONTACT NUMBER: