

PARTICIPANT INFORMATION

NAME OF CHILD _____

D.O.B. _____ AGE _____ SCHOOL _____

MY JOURNEY PARTICIPANT CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

____APT# _____

PARENT/GUARDIAN'S NAME

HOME PHONE _____ WORK PHONE (MR.) _____

(MRS) _____

CELL PHONE _____ EMAIL ADDRESS _____

HEALTH HISTORY

PLEASE LIST ALL ALLERGIES:

IS YOUR CHILD TAKING ANY MEDICATION? IF YES, WHAT TYPE?

Any other concerns which would affect your child's participation in this activity/program?

Any specific activities to be encouraged or restricted?

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____