

**Primary Emergency Contact**

(Check if applicable) Contact is the same as: \_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial.: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate Emergency Contact Information (Other than Parents/Guardian)**

**Alternate #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial.: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical Insurance Information (Please provide copy of front & back of medical card)**

Name of Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Cover Size:** \_\_\_ XX Small \_\_\_ X Small \_\_\_ Small \_\_\_ Medium \_\_\_ Large

**T-shirt Size:** \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X Large \_\_\_ XX Large