

PARTICIPANT INFORMATION FORM



PARTICIPANT

FULL NAME: _____ AGE: _____

ROOMMATE REQUEST: _____

(Roommate requests are not guaranteed. Please see parent details.)

EMAIL ADDRESS: _____

SEX: ☐ Male ☐ Female

RACE: ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander

☐ Black/African American ☐ Asian ☐ White

PARENT/GUARDIAN/PRIMARY CONTACT:

FULL NAME: _____

EMAIL ADDRESS: _____

PHONE: (PRIMARY) _____ (SECONDARY) _____

ADDRESS: _____

ALTERNATE CONTACT:

FULL NAME: _____

PHONE: (PRIMARY) _____ (SECONDARY) _____

EMERGENCY CONTACT:

(to be contacted if primary contacts are unreachable)

FULL NAME: _____

PHONE: (PRIMARY) _____ (SECONDARY) _____