

Ascend Camp
Participant Information Form

PERSONAL INFORMATION – Please Print Clearly

Participant's Name: _____

T-shirt size (adult unisex): S | M | L | XL | XXL | >XXL: _____ **Date of Birth:** ___/___/___

Grade as of Fall 2020 (circle): 6 | 7 | 8 | 9 | 10 | 11 | 12 | Grad | Staff **Gender:** M | F

PARENT INFORMATION (for students only)

Name(s): _____

Primary Cell: _____ **Secondary Cell:** _____

Email: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy / Member Number: _____ **Company Phone:** _____

Group Number: _____ **Physician's Name:** _____

MEDICAL HISTORY

Please mark all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Other (list): |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Insect Sting Allergies | _____ |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Physical Disability | _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nervous Disability | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Last tetanus shot: ___/___/___ | _____ |
| <input type="checkbox"/> Asthma | | |

Special Notes:

