

IYS TUTORIAL 2016/2017

Participant Registration

PARTICIPANT INFORMATION		
FIRST NAME:	LAST NAME:	
CURRENT GRADE:	<input type="checkbox"/> MALE (PLEASE INDICATE ONE) <input type="checkbox"/> FEMALE	
DATE OF BIRTH (DAY/MONTH/YEAR) ____/____/____	NAME OF SCHOOL:	
HOME ADDRESS:	CITY:	POSTAL CODE:
E-MAIL:	HOME PHONE:	CELL PHONE:

PARENT/GUARDIAN AND EMERGENCY INFORMATION	
ADDRESS (IF DIFFERENT FROM PARTICIPANT'S)	EMERGENCY CONTACT PHONE NUMBER:
CITY:	POSTAL CODE:
PARENT/GUARDIAN'S PHONE NUMBER:	PARENT/GUARDIAN'S BUSINESS PHONE NUMBER CELL PHONE:
MEDICAL INFORMATION:	
NAME OF CHILD'S DOCTOR:	DOCTOR'S TELEPHONE NUMBER:
IS THE CHILD'S IMMUNIZATION RECORD UP TO DATE? <input type="checkbox"/> NO <input type="checkbox"/> YES OTHER MEDICAL OR SPECIAL NEEDS:	DOES THE CHILD HAVE ANY ALLERGIES OF WHICH WE SHOULD BE AWARE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, SPECIFY: _____

DROP OFF AND PICK-UP INFORMATION:	
IS THE CHILD PERMITTED TO GO HOME ON HIS/HER OWN? <input type="checkbox"/> NO <input type="checkbox"/> YES	
PLEASE INDICATE THE NAME/RELATIONSHIP OF THE PERSON(S) WHO WILL NORMALLY PICK UP THE CHILD:	
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:

