

APPLICATION/EMERGENCY CONTACT INFORMATION

Participant's Name: _____ Gender _____
First Middle Last

Address: _____
Street City State Zip

Date of Birth ____/____/____

How will the Participant be Transported To and From the Program?

Picked Up By a Parent/Guardian or Authorized Person Listed Below Walk or Ride Bike

Additional Information: _____

Emergency Contact Information:

1st Parent/Guardian <input type="checkbox"/> Check if address is the same as Participant's	
First Name:	Last Name:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Place of Work:	Work Phone:
2nd Parent/Guardian <input type="checkbox"/> Check if address is the same as Participant's	
First Name:	Last Name:
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Place of Work:	Work Phone:

Provide two other emergency contacts that also may pick up the Participant. No others will be permitted.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

I give consent for my child ("child" or "Participant") to: participate in the Program at Ohio University, Athens, Ohio ("University"); and to use the transportation method I indicated above at our own risk. I am returning the forms provided filled out completely and accurately.

Parent/Guardian Signature: _____ Date: _____