Student Fusion Participant Information

Student name:

Date of birth:

Grade completed:

Gender:

T-shirt Size:

Please list any allergies or medical conditions we should be aware of:

Is the participant covered by personal/family medical insurance?

Policy number:

Name of insurer:

Parent/Guardian name:

Parent/Guardian email:

Parent/Guardian phone number:

Address:

A waiver will be sent to each participant at the Parent/Guardian email address above, please make sure this information is complete, as students will not be able to attend Student Fusion without this waiver signed.

Student Fusion Adult Leader Information

Adult leader name:

Date of birth:

Email address:

Gender:

T-shirt Size:

Please list any allergies or medical conditions we should be aware of:

Is the participant covered by personal/family medical insurance?

Policy number:

Name of insurer:

Emergency Contact name:

Emergency Contact phone number:

A waiver will be sent to each adult leader at the email address listed above, please make sure this information is complete, as adult leaders will not be able to attend Student Fusion without this waiver signed.