

## Participant Emergency Contact Form

Name: \_\_\_\_\_

### **Personal Contact Information:**

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### **Emergency Contact Information:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

### **Medical Contact Information:**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

**Please list any medical conditions:** \_\_\_\_\_

I hereby voluntarily provided the above information and authorize Trip the Light Arts and its representatives to contact any of the above on my behalf in the event of an emergency.

Participant signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date \_\_\_\_\_