



# Participant Profile Form

## GENERAL INFORMATION

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

Pass Type: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Main Contact: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Alternate Contact: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Emergency Contact (non-guardian): \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

## HEALTH/OTHER INFORMATION

Primary Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Are there any health issues staff should be aware of?  Yes (Health/Medication Form Required)  No

**Health form required if participant indicates ANY health/medication/allergy issues**

Are there any other issues are staff should be aware of to include behavioral, social or other concerns relevant to your child?

## RELEASE AUTHORIZATION

I hereby represent and warrant that if the individual listed above is a minor, I am his/her guardian and authorized to provide the releases, authorizations, and permissions as stated below and all information is accurate and complete. I hereby give permission for the individual to participate in all program activities, including special events and agree to release Sports Factory of the Lehigh Valley, its officers, employees, and agents from all liability arising from any harm or injury incurred by the participation of the individual in the program stated above. Unless otherwise indicated by a parent/guardian in writing at the time of registration, photographs of participants for use in print or digital publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances except as required by law. I authorize the staff of Sports Factory of the Lehigh Valley to obtain medical/hospital treatment for the above in the event of an emergency.

Printed Name (Parent/Guardian if under 18)

Signature (Parent/Guardian if under 18)

Date