



Event Name: _____

Church of the Good Shepherd Participant Information Form

Last Name, First Name (Goes By)

Grade

Gender @ Birth

Gender you identify
with now

Primary Phone Number

Date of Birth

Secondary Phone Number (if available)

Mailing Address

City

State

ZIP

E-mail Address

T-shirt Size

Other relevant info

Medical Information

Allergies (medication/food/insect/etc)

Medications Currently Taking

Current Medical Conditions

Special Dietary Needs

Last tetanus immunization

Activities to be restricted from

Name of Participant's Doctor

Current Status of Health

Insurance Company

Insurance Contact Number

Insurance Contact Name
(agent you normally talk to)

Insurance Policy Number and ID Number

Emergency Contact Information

Contact Name

Contact Phone Number

Contact E-mail

Please note that this form is **NOT** to be sent back in to the youth office and in no way constitutes a registration for any event. This is **ONLY** for the purpose of gathering information needed for the online registration from the individuals. If this form is received by the youth office, it will be discarded and will not be counted among the registrations for an event.