



## PARTICIPANT INFORMATION FORM

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First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month Day Year

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously received speed / agility and or strength training from an Exercise Science specialist? \_\_\_\_\_

If yes, with whom did you train and for how long? \_\_\_\_\_

What organized sports are you participating in? \_\_\_\_\_

What position(s)? \_\_\_\_\_

How long have you participated in organized sports? \_\_\_\_\_

Current School: \_\_\_\_\_ College planning to attend or committed to: \_\_\_\_\_

High School you are planning to attend: \_\_\_\_\_

Participant Health Insurance Name & Card Number: \_\_\_\_\_

Are you a member of a local YMCA? \_\_\_\_\_ If so, which location? \_\_\_\_\_

Academic, Social and / or social awards or accolades: \_\_\_\_\_

### PARENT(S) OR GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (business): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (business): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

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

## EMERGENCY CONTACT INFORMATION

In an emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (business): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

In an emergency contact (alternate): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (business): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name of Parent or Guardian