

## Game Boyz Exp. – Emergency Contact Form

Participant's Full Name:

Date of Birth:

Parent/Guardian Name (if under 18):

Primary Emergency Contact Name:

Relationship to Participant:

Emergency Contact Phone Number:

Alternate Emergency Contact Name:

Alternate Contact Phone Number:

Medical Conditions/Allergies:

Family Doctor Name & Phone (optional):

Health Insurance Provider & Policy Number (optional):

Parent/Guardian Signature:

Date: