

ASP Participant Information Sheet

Name: _____ T-Shirt Size _____

Age as of June 20, 2012 _____ Grade Completing in June 2012 _____

Cell Phone: _____ Email Address: _____

Food Allergies/Restrictions: _____

For Student ASP Team Members

Parent/Guardian Name: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Parent/Guardian Name: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

For Adult Team Members

Emergency Contact Name: _____

Address (if not the same as yours) _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

**Don't forget a copy of your Health Insurance Card
Adult Team Leaders – don't forget a copy of your driver's license.**