



Dear Parent/Guardian,

The information you initially provided needs to be updated on an annual basis. Please fill out this form and either send to me via snail mail to: Sally McLean, 29 South Circle Drive, Chapel Hill, NC 27516, or scan and email to sallym@bouncebackkids.org, or fax to me at 919.246.9100. You may also give it to us at any upcoming event. **Please return by Monday, May 25th.** Thanks!

Participant Information

Name _____
Street Address _____ City _____ Zip _____
Phone _____ Email _____
School _____

Parent/Guardian Information

Mother/Guardian Name _____
Home Phone _____ Cell Phone _____ Business Phone _____
Email Address _____

Father/Guardian Name _____
Home Phone _____ Cell Phone _____ Business Phone _____
Email Address _____

Participant's siblings to be included in activities

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Emergency Contact Information

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Authorized Pick-Up Information

(Anyone authorized to pick up participant after H³ Activities –parent and/or guardian listed above not required to be listed below.)

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Participant's Health Information

Diagnosis _____
Primary Care Provider's Name _____ Phone _____
Specialist's Name _____ Phone _____
Insurance Carrier _____ Policy Holder _____
Policy Number _____

Please list your child's medications: _____

Please list your child's allergies or restrictions: _____

Are there any other changes you'd like to tell us about? _____

Signature of Parent/Guardian _____ Date _____