

GENERAL INFORMATION FORM

To be completed by student/guardian or parent:

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home/cell): _____ Email: _____

Guardian/Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home/cell): _____ Email: _____

Relation to Participant: _____

Name of High School: _____

Name of Local Newspaper: _____

Cadet Rank: _____

Cadet Grade for 2017/2018 School Year: _____

Cadet t-shirt Size: S M L XL XXL XXXL

Winning Colors Classification: Red Blue Brown Green

1. Can this student participate in normal physical activities? Yes No

If no, please explain: _____

2. Does this student have any medical or physical conditions which should be known to camp staff? Yes No

If yes, please explain: _____

3. What are some of this student's interests, activities, and talents? _____

Please return all forms to your sponsor.