

FUSION Participation Form
for the 2019-2020 School Year

Participant's Name _____

Grade _____

School _____

Parent/Guardian Contact Information

Name	
Relationship	
Phone number	(c) (h) (w)
E-mail address	

Name	
Relationship	
Phone number	(c) (h) (w)
E-mail address	

Health Information

Are there any medical conditions which may affect the participant's involvement in FUSION events?

Are there any known allergies including any allergies to medicine?

Physician and Medical Insurance

Primary Healthcare Provider _____

Phone _____

Insurance Company _____

Policy Number _____