

Please attach one copy of a recent photo of the student to this form.

Bowdoin Bound, Inc., 2015 Summer Program

Participant's Name _____ Date of Birth _____

Age _____ Grade for the 2015-16 School Year _____

Name of the Participant's School for the 2015-16 School Year _____

Participant's Email Address _____

Parent/Guardian's Name _____

Parent/Guardian's Home Telephone Number _____

Parent/Guardian's Work Telephone Number _____

Parent/Guardian's Cell Phone Number _____

Parent/Guardian's Email Address _____

Parent/Guardian's Name _____

Parent/Guardian's Home Phone Number _____

Parent/Guardian's Work Phone Number _____

Parent/Guardian's Cell Phone Number _____

Parent/Guardian's Email Address _____

In an emergency if we cannot reach a parent/guardian, whom should we call?

Emergency Contact's Name _____

Emergency Contact's Address _____

Emergency Contact's Home Telephone Number _____

Emergency Contact's Work Telephone Number _____

Emergency Contact's Cell Phone Number _____

Emergency Contact's Email Address _____

Emergency Contact's Relationship to the Participant _____

Participant's Doctor's Name _____

Participant's Doctor's Telephone Number _____

Participant's Dentist's Name _____

Participant's Dentist's Telephone Number _____

Name of Participant's Insurance Provider _____

Insurance Policy Holder's Name _____

Participant's Relationship to the Policy Holder _____

Insurance Policy Number _____

Insurance Policy Group Number (if applicable) _____

Is the participant taking any prescription medication? _____

If yes, please list the medication and strength: _____

Please list the Participant's medical issues and allergies _____

Parent/Guardian Signature _____

Date _____