

Launch Box Release Form

Participant Information

Name (First & Last): _____ Gender: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () - Cell Phone: () -

Email Address (personal): _____

U.S. Emergency Contact #1

Name (First & Last): _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () - Cell Phone: () -

Email Address (personal): _____

U.S. Emergency Contact #2

Name (First & Last): _____ Relationship to you: _____

Home Phone: () - Cell Phone: () -

Medical Information

Family Physician Name: _____ Phone:: _____

Insurance Company Name: _____

Policy #: _____ Group _____

List any allergies and/or medications you are currently taking:

Do you have any medical conditions the Leaders need to be aware of? **Yes** **No** If yes, please list:

