



## Try It Free Sign In

Participant Name: \_\_\_\_\_

Participant Age: \_\_\_\_\_

Parent/Guardian Legal Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact\* Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

*\*An emergency contact is someone we can contact if the Parent/Guardian is unreachable.*

How did you hear about this event? \_\_\_\_\_

TIF Event Location: \_\_\_\_\_

*By signing this document, I acknowledge that I have read and agree to the Participation Disclaimer.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date