

Name of RAGE Participant:
First _____ MI _____ Last _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____/_____/_____ Grade _____ School _____
Sports/Extracurricular Activities _____

Can we contact the participant via:
e-mail? Y N cell phone? Y N text? Y N Facebook? Y N
If yes,
Participant's e-mail address _____
Participant's cell phone number _____

If not provided by parent/guardian listed below, who typically provides transportation to and from activities? _____
Is there an alternate transportation provider? _____

Name(s) of Parent/Guardian:
First (Mom) _____ (Dad) _____ Last _____
Address (If different than above) _____
City _____ State _____ Zip _____

Can we contact the parent/guardian via e-mail or telephone? Y N text? Y N
If yes,
Parent/Guardian e-mail address _____
Parent/Guardian telephone number (H)_____(C)_____
Parent/Guardian alternate telephone number _____
Alternate Contact:
Name _____ Relationship _____ Phone (____) _____