



Archdiocese of Grouard-McLennan Extra-diocesan Youth Event

Participant Information

(The Group Leader is to take a copy of this form with him/her. A copy is to be submitted to the Chancery before departure.)

Personal Information

Full name	
Date of birth and age	
Home address	
Home phone	
Cellular phone	
Passport #	<i>(copy attached)</i>
AHC Insurance #	

Emergency Contact Information

Full name	
Relationship	
Home address	
Home phone	
Cell phone	
Work phone	

Medical Information

Medical conditions	
Allergies	
Current medications	

Proof of Insurance *(copies of certificates attached)*

Medical Travel Insurer		Policy number	
Personal Liability Insurer		Policy number	

Transportation if Driving

Vehicle owner			
Vehicle make/model		License plate	

Transportation if Someone is Dropping You Off and Picking You Up

Name of person dropping off			
Home phone		Other phone	
Name of person picking up			
Home phone		Other phone	