

**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 #	

**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	