

Snow Tubing Participant Information Sheet



Please complete and return prior to the trip or on the day of the trip.
Your child will not be able to participate until this form is filled out.
Please fax it to 630-963-7804 or drop it off at the Lincoln Center located at 935 Maple Avenue.
Thank you!

PARTICIPANT'S NAME & AGE: _____

HOME ADDRESS: _____ EMAIL _____

(H) PHONE: _____ CELL PHONE# _____

MOTHER'S NAME: _____ CELL PHONE# _____

FATHER'S NAME: _____ CELL PHONE# _____

In case of emergency and parents are unable to be contacted, please notify:

NAME: _____ RELATION: _____

(H) PHONE: _____ CELL PHONE# _____

NAME: _____ RELATION: _____

(H) PHONE: _____ CELL PHONE# _____

Does your child have any medical conditions/limitations? If so, please explain:

Does your child have any fears and/or phobias? If so, please explain:

Does your child have any food allergies? If so, please explain:

Is your child on medication? If so, please explain:

Will your child need medication dispensed during the trip? Yes or No