

Amherst Leisure Services Community Theater Emergency Information Card

Participant Information:

Last Name: _____ First Name: _____

Gender: Male Female

DOB: _____

Street Address: _____

Town: _____

Home Phone: _____

Emergency Contact Information:

Person to be called first-

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work Phone: _____

Person to be called second-

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work Phone: _____

Allergies:

Food: _____ Insects: _____ Medications: _____

Environment: _____ Other: _____

Signature: _____ Date: _____

(Parent/Guardian signature if participant is under 18)