

# Wayne County Fair Association Participant Emergency Form

Please Print Clearly

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

In case of an emergency where we are unable to contact you please contact:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In case of Emergency Room or Hospitalization

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Other necessary medical information \_\_\_\_\_

Participant's Club(s) Affiliation: \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_