

Boys 2 Men

2020 ENROLLMENT –EMERGENCY CONTACT INFO

Cadet's Name (Last) _____ (First) _____ DOB _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/s or Guardian: _____

Cadet's Phone if any (Mobile#) _____ - _____ - _____ (Home #): _____ - _____ - _____

Parent/Guardian (Mobile #): _____ - _____ - _____ (Home #): _____ - _____ - _____

Parent/Guardian (Work #): _____ - _____ - _____ (Mobile #): _____ - _____ - _____

Parent/Guardian Email Address _____

Emergency Name & Phone # of another contact person:

(Name): _____ (Phone #): _____ - _____ - _____

Additional Information:

Allergies: _____

Personal Medical history that may require special attention (Diabetes, Epilepsy, etc):

Other Medical Issues or Concerns: _____

In case of an emergency, I hereby give consent to B2M to secure emergency medical treatment for my child, while immediately contacting me or my designate.

(Circle one) YES or NO

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

10 Aug '20

