

Boys 2 Men

Enrollment / Emergency Contact Card

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

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

Full Name of Parent/s or Guardian: _____

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

(Cadets #): _____ - _____ - _____

Parent/Guardian #1 (Work #): _____ - _____ - _____

(Mobile #): _____ - _____ - _____

Parent/Guardian #2 (Work #): _____ - _____ - _____

(Mobile #): _____ - _____ - _____

Parent/Guardian Email Address _____

Emergency Name & Phone # of another contact person:

(Name): _____

(Phone #): _____ - _____ - _____

Additional Information:

Allergies: _____

Personal Medical history that requires 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 •

PARENTS/GUARDIAN SIGNATURE: _____ **Date:** _____

