

**2010 WESTERN INVITATIONAL CHESS CAMP**  
**CONTACT & MEDICAL INFORMATION (Confidential)**

\_\_\_\_\_  
Camp Participant's Name

\_\_\_\_\_  
Home Address + Zip

\_\_\_\_\_  
Parent/Legal Guardian Name

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

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

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Insurance Company + Telephone No.

\_\_\_\_\_  
Policy No.

Please state any medications taken by the camp participant and whether the camp participant has a medical condition, including any disease, allergies, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_