

2012 WESTERN INVITATIONAL CHESS CAMP
CONTACT & MEDICAL INFORMATION (Confidential)

Camp Participant's Name

Home Address + Zip

Parent/Legal Guardian Name

Home Phone

Cell Phone

Email address

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.
