

Camp Fuller Participant Information Sheet

Please fill out the following sheet for EACH participant in your program. If the group collects this information themselves, please inform camp separately.

Name: _____ DOB: ____/____/____
Organization: [University of Rhode Island Leadership Institute 2024](#) Age: _____ Grade: [College](#)
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _(_____) _____ E-mail: (URI) _____
Emergency Contact: _____
Day Phone: _(_____) _____ Evening Phone: _(_____) _____
Gender: _____

Medical Information

Insurance Carrier & Policy

If needed my child can take (circle all that apply): Tylenol Advil Ibuprofen
Physical restrictions, allergies and dietary needs (vegetarian, vegan, etc.):

Medications (list time and amounts needed):

Medications will be regulated by the organizations staff.

Signature of Permission and Liability

I understand that in signing this document, Myself or the participant listed above has permission to participate in the program at YMCA Camp Fuller. I also understand that any property is the responsibility of the individual, not the camp. I am also in agreement with the Camp Fuller Liability and Responsibility agreement.

Participant Signature

Date

Parent / Guardian Signature (if participant under 18)

Date