

**Colorado Math Circle
Participant Info and Emergency Contact Form**

Participant _____

Emergency Contact 1

Name _____ Relationship _____

Phone Number(s) _____

Emergency Contact 2

Name _____ Relationship _____

Phone Number(s) _____

Allergies

- No known allergies
- Participant is allergic to: Food Medication Other

Describe allergies and potential reactions below:

Dietary needs

- Participant has no special dietary needs. Other (please explain below)

Parent/Guardian Name (print)

Parent/Guardian Signature

Date