

8000 Park Lane * Bell Gardens, California 90201 \$\infty\$562.806.7650 * Fax 562.334.1747

Participant Profile

PLEASE PRINT CLEARLY

☐ Mi	inor (under 18 years old)		Adult (over 1	8 years old)	
I. General Information:					
Participant's First Name:		Participant's	Last Name: _		
Date of Birth: / mm /	dd / yyyy Gender:	☐ Male	☐ Female	Today's Date:	
Address:Street	. Ant	City:		Zip Code:	
Telephone Number:	•				
Alternate Number:		Primary	language spo	oken at home?	
Email Address:		@			
II. Parent/Guardian's Informa					
Telephone Number:					
Parent/Guardian Name:					
Telephone Number:		Email Address	::	@	
III. Emergency Contact: If participant is a minor, information below must be different than Parent/Guardian Contact's Full Name: Relationship:					
Telephone Number:					
·		_			
IV. Medical Information					
Physician or Clinic Name: _			City:		
Telephone Number:					
Medication: No	☐ Yes Type:	Spec	ial Instructions	S:	
Medical Problems, medication	on, conditions, special nee	ds, request or	comments:		