



Volunteer Registration

Name _____

Address _____

Phone (H) _____ (W) _____ Cell _____

E-mail _____

Date of Birth _____ T-Shirt Size _____

Primary Medical Insurance _____

Policy # _____

Please list any allergies (food or medical) _____

Please list any dietary needs/restrictions _____

Please list any medical conditions/physical limitations the leaders should know about

Emergency Contact Information:

Name _____ Relationship _____

Phone (H) _____ (W) _____ Cell _____

Signature _____ Date _____

Please include \$25 fee for registration.
Makes checks payable to CLP, Inc.