



TWIRLER FOR A DAY 2023

IMPORTANT: **This form is due Saturday, February 18th at registration**

PLEASE PRINT or TYPE.

Name

Date of Birth

Address

Phone (Area Code)

Family Physician

Phone (Area Code)

Person to Contact in Case of Emergency

Phone (Area Code)

Insurance Company & Policy Holder

Policy Number

IMPORTANT: Please fill out as completely as possible.

Medications: _____

Dosage: _____

Allergies/allergic reactions to medications: _____

Major surgery in past year: _____

Are you presently under treatment for any medical problem? If yes, please identify: _____

Physical conditions that may limit ensemble activities: _____

Can take (circle): Aspirin Tylenol Motion sickness medication

Date of last Tetanus shot: _____

Special dietary needs: _____

(This information is confidential and will only be used in case of an emergency)