**University of Arizona Interactions with Non-Enrolled Minors
Program Participant Information Form**

**[Name of Program]**

Name of Minor: \_

Date of Birth: \_

Address: \_

Phone Number: E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian Information**

Name Home Phone Number E-mail Address

Cell Phone Number

Name Home Phone Number E-mail Address

Cell Phone Number

**Emergency Contact Information**

Name Home Phone Number E-mail Address

Cell Phone Number

**Individuals (other than a parent/legal guardian) authorized to pick up the Program Participant from the Program**

Name Cell Phone Number Relationship to Minor

Name Cell Phone Number Relationship to Minor