



Alabama Rural Electric Youth Tours PERSONAL DATA SHEET

Name: _____ Preferred name for name tag: _____

T-Shirt Size: _____

Birth date: _____ Age: _____ Gender: _____

Address: _____
city state zip

Student's Cell Phone Number: _____ Email: _____

Parents'/Guardians' names and phone numbers **please include area code*

Parent/Guardian: _____ Cell: _____ Email: _____

Parent/Guardian: _____ Cell: _____ Email: _____

High School: _____

Medical

Does student require regular or as needed medication? Yes No

If yes, explain: _____

Please be sure you listed ALL MEDICATIONS, doses and any medical conditions!

Does participant have food, drug or other allergies? Yes No

If yes, explain: _____

Does participant have any other medical condition not already noted? Yes No *Add another page if needed*

If yes, explain: _____