



# Town of North Kingstown, Rhode Island

100 Fairway Drive  
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Phone: (401) 294-3331  
Fax: (401) 583-4140  
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## **ADDITIONAL INFORMATION FORM**

PARTICIPANTS NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

SEX (CIRCLE)      M      F

PHONE (S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ 028 \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_

PARENTS NAMES: \_\_\_\_\_

PHONE: \_\_\_\_\_

SECONDARY CONTACT INFORMATION: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

MEDICAL INFORMATION:

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_