



Finding your future

**QUEST 2009 PARTICIPANT INFORMATION FORM  
SUMMER 2009  
UNIVERSITY OF PITTSBURGH AT GREENSBURG**

***To Be Completed By Parent***

Quest Participant's Name \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Guardian's Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**School Information**

High School \_\_\_\_\_

Grade Level (fall 2009) \_\_\_\_\_

**Medical Information**

Insurance \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Policy Holder \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Information \_\_\_\_\_

**Camp Information**

T-shirt Size:  Small  Medium  Large  X-Large  XX-Large  XXX-Large