



COVID-19 Disclosure and Release
Activity Participation Form Addendum

Learner Information:

Learner's Name: _____ Grade: _____

Birth Date: _____ Gender: _____

Address: _____

City: _____ Code: _____

Parents Information:

Mother: _____

Work #: _____ Cell #: _____

Email: _____

Father: _____

Work #: _____ Cell #: _____

Email: _____

Learner Medical Aid Information:

Name: _____ Option: _____

Medical-Aid no: _____ Dependant no: _____

Emergency Contact:

Full Names _____ Cell #: _____