



## Zone 28 & 32 Interact Convention Registration Form

### PARTICIPANT INFORMATION

<b>LEGAL FULL NAME</b>			
<b>PREFERRED FIRST AND LAST NAME (IF DIFFERENT)</b>			
<b>DIETARY RESTRICTIONS</b>			
<b>PRONOUNS</b>		<b>BIRTHDATE (DD/MM/YYYY)</b>	
<b>GRADE</b>		<b>SHIRT SIZE</b>	
<b>CONTACT INFO</b>	<b>EMAIL</b>		
	<b>PHONE NUMBER</b>		
<b>HOME ADDRESS</b>	<b>STREET ADDRESS</b>		
	<b>CITY</b>		
	<b>STATE/PROVINCE</b>		
	<b>COUNTRY</b>		
	<b>POSTAL/ZIP CODE</b>		
<b>ROTARY INFO</b>	<b>ROTARY DISTRICT</b>		
	<b>CLUB</b>		
	<b>ROTARY SPONSOR CLUB</b>		

### EMERGENCY CONTACT INFORMATION

<b>FULL NAME</b>			
<b>PRONOUNS</b>		<b>RELATION TO PARTICIPANT</b>	
<b>CONTACT INFO</b>	<b>EMAIL</b>		
	<b>PHONE NUMBER</b>		





## PARENT/LEGAL GUARDIAN INFORMATION

*Note: Only one required and only to be filled out if the registrant is under the age of 18*

LEGAL FULL NAME		
PREFERRED FIRST AND LAST NAME (IF DIFFERENT)		
PRONOUNS		
CONTACT INFO	EMAIL	
	PHONE NUMBER	
HOME ADDRESS (if different from student)	STREET ADDRESS	
	CITY	
	STATE/PROVINCE	
	COUNTRY	
	POSTAL/ZIP CODE	

## MEDICAL INFORMATION

ALLERGIES	
MEDICAL CONDITIONS	
REQUIRED MEDICATIONS	
ADDITIONAL MEDICAL INFORMATION	

## CHECK THE FOLLOWING ACCOMMODATIONS REQUIRED

<input type="checkbox"/>	Wheelchair Accessibility	<input type="checkbox"/>	Braille
<input type="checkbox"/>	Service Animal will accompany me	<input type="checkbox"/>	Assistive Learning Device
<input type="checkbox"/>	Personal Care Attendant will accompany me	<input type="checkbox"/>	Alternate text for visual content
<input type="checkbox"/>	ASL Interpreter	<input type="checkbox"/>	Alternate text for audio content (including captioning with multimedia)
<input type="checkbox"/>	Simultaneous Spoken Foreign Language Interpretation	<input type="checkbox"/>	Avoiding flashing animation
<input type="checkbox"/>	Materials in font over ____ pt	<input type="checkbox"/>	Using high-contrast foreground/background colours

