**UVic Participant:**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **V Number:** |  |
| **Home Address:** |  |
| **Participant contact information** | Email:  Phone (primary):  Phone (other): |
| **Insurance information (for international trips):** | Insurer Name:  Policy dates:  Policy #:  Global contact #: |

**EMERGENCY CONTACT INFORMATION:**

*Note: Please also ensure that your Emergency Contact information is up to date in the* [*UVic online tools “Your Profile” section.*](https://www.uvic.ca/tools/index.php#ipn-personal-account-profile)

**Contact #1:**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Contact information** | Email:  Phone (primary):  Phone (other): |

**Contact #2:**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Contact information** | Email:  Phone (primary):  Phone (other): |

**Participant Health and Wellness**

Participants are aware of their responsibility to be self-sufficient, including being able to effectively coordinate their own personal needs while attending the field. Describe any health conditions we should be aware of that may require specific planning or actions to be able to manage.

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