

Player Information Form

Please complete the following form, printing all responses legibly. Required responses have been marked with an asterisk.

Personal Information:		
*First & Last Name:		
*Date of Birth (YYYY/MM/DD)	:	Pronouns:
*Email Address(es):		
Telephone Number(s):		
,,	, , , , , , , ,	entially be on site during an event :
		ticipation in LARP activities during an event):
Emergency Contact Informati	on:	
*First & Last Name:		Relationship to Player:
*Telephone Number(s):		
*Email Address(es):		
I certify that the above information of the above information change	_	notify Endless Adventures Ontario immediately should any
Name	 Signature	

This information is being collected for a variety of reasons, including:

- Being able to reliably contact you and a person you designate in the event of an emergency.
- Being able to identify the owner of a vehicle should it be obstructing traffic or involved in an incident, or to confirm who is still on site in the event of an emergency.
- Being better able to notify healthcare professionals or first responders of relevant medical conditions in the event of an emergency.
- Confirming that participants are at least 18 years of age.
- For billing purposes (including bills, receipts and refunds).
- For legal purposes, should the information be required by law enforcement or legal professionals.