



National Technical Institute for the Deaf
**Math Competition for Deaf and
Hard-of-Hearing Students**

RIT Math Competition Emergency Contact Information

Name of Participant: _____
(including chaperones)

Emergency Contact Information (Please notify us IMMEDIATELY of any changes to this information).
Name and information of person to contact in case of an emergency.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone #: (_____) _____ ☐ Voice ☐ Videophone ☐ Text

Home Phone #: (_____) _____ ☐ Voice ☐ Videophone ☐ Text

Alternate Contact

Name and information of person to contact in case of an emergency:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone #: (_____) _____ ☐ Voice ☐ Videophone ☐ Text

Home Phone #: (_____) _____ ☐ Voice ☐ Videophone ☐ Text

Health Insurance Information

Name and information of health insurance provider:

Insurance Company: _____

Policy Number: _____

Insurance Company Telephone #: _____

☐ My child does not have health insurance. I assume full responsibility for payment of medical expenses incurred as a result of my child's participation in the Math Competition.

Parent Signature: _____ **Date:** _____