



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 Email

Street

City State Zip Code

Telephone/Videophone (work) (home)

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

Name Email

Street

City State Zip Code

Telephone/Videophone (work) (home)

Health Insurance Information
Name and information of health insurance provider:

Insurance Company _____

Policy number _____

Insurance company telephone number _____

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 _____