

---

April 3rd, 2021

# South Bay Model United Nations V

## Delegate Information Form

### Delegate Information

School Name: \_\_\_\_\_

Delegate's Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YEAR): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_ Country/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Guardian Information

First Guardian's Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Second Guardian's Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Medical Information

Medical Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

---

---

## Medical Contract

By enrolling to participate in SBMUN V, I acknowledge that I allow South Bay Model United Nations Conference Secretariat, Staff, and Advisors to use information contained in the case of an emergency in order to inform medical or emergency personnel in the event that medical treatment is necessary.

Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_