

**CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION**  
**Youth Activity Programs**

**Emergency Contact Information:**

In the event of an emergency, the \_\_\_\_\_ Youth Activity will make every effort to contact the participant's primary contact who has provided an Affidavit for Medical Care. In the event we are unable to contact this parent(s) or legal guardian(s) first, please provide two other individuals that can be contacted in the event of an emergency. I \_\_\_\_ do \_\_\_\_ do not want to receive receive any future surveys and/or follow-up information at the contact information provided for Youth Activity purposes only.

**Primary Contact:** \_\_\_\_\_  
First Name Last Name Relationship

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_  
First Name Last Name Relationship

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Third Contact:** \_\_\_\_\_  
First Name Last Name Relationship

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_