

# GENERAL QUESTIONNAIRE: SportsUnited SPORTS VISITOR PROGRAMS

Name \_\_\_\_\_

1. Do you have any diet restrictions? Is there food that you **DO NOT** eat?

Please check the items below of food you **DO NOT** eat or have allergies to.

- Pork or pork products
- Beef
- Fish
- Fruit
- Shellfish
- Nuts
- Dairy products
- Other (please specify) \_\_\_\_\_

2. Do you have any allergies to pets or medication?

3. Do you have any medical needs such as Asthma or take special medication?

4. What are your religious observances and requirements?