

WOMEN'S AEROBICS

PARTICIPANT PERSONAL INFORMATION FORM

Please print clearly!!

Participant's name _____ D.O.B. _____

Address (please include zip code) _____

Telephone # _____ Work # _____

Email: _____ Cell/pager _____

In case of emergency, name of other person to contact:

Relation to Participant _____ Telephone # _____

Does the participant have any allergies, medical conditions, etc. we should be aware of?

Is the participant taking any medication? (Y / N) _____

If "Yes", please explain _____

In case of injury, medical professionals will transport participant for emergency treatment as soon as possible. Please inform emergency contact persons of this information in case of emergency. We request this information in the best interest of the participants. We will treat all emergencies immediately and notify family members as soon as possible.

I, _____, RELEASE THE CITY OF CRANSTON, THE PARKS & RECREATION DEPARTMENT, AND ITS STAFF, FOR ANY/ALL CLAIMS DUE TO ANY INJURY THAT MAY OCCUR DURING THE PARTICIPATION OF THE PROGRAM FOR WHICH I AM REGISTERED.

SIGNATURE _____ DATE _____

I am a new participant _____ I am a returning participant _____

Date paid: _____ Amount paid: _____ Method: _____