



## EMERGENCY CONTACT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### **PARTICIPANT INFORMATION**

*Complete this section for the participant, please include any relevant medical information.*

NAME \_\_\_\_\_ Member YES NO (circle one)

GENDER BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

LIST AND DIAGNOSED CONDITION(S) SUCH AS ASTHMA, ADD, SEIZURES, DIABETES, ETC.

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LIST ANY KNOWN ALLERGIES INCLUDING ALLERGIES TO MEDICATIONS.

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LIST ANY MEDICAL CONDITIONS THAT MAY LIMIT PARTICIPATION IN ACTIVITIES.

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LIST PRESCRIPTION MEDICATIONS BEING TAKEN.

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LIST ANY SPECIAL NEEDS OR RELEVANT INFO THE INSTRUCTOR SHOULD KNOW.

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