

# EMERGENCY MEDICAL INFORMATION

Program: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

If a minor: Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Employer Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

List of Allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Others to call: \_\_\_\_\_

Physician: \_\_\_\_\_

My general health is: above average   average   poor   recovering from injury/accident (Circle one)  
Comments:

## Release of Liability:

In consideration of the North Dodge Athletic Club allowing me/my child to use these facilities/participate in organized activities outside of the club. I hereby forever release the North Dodge Athletic Club, its owners, managers, instructors and staff from all liability for any and all damages and injuries including death suffered by myself or my family in connection with the use of these facilities. I understand that my participation is entirely by my own choice and with the understanding of risk or accidental injuries involved in any fitness activity and with club.

Signature of participant\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If participant is a minor parent or guardian must sign Liability Waiver.