

Program(s)
1. _____
2. _____

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

*Email: _____ Gender: ___M ___F

*Cell Phone #: _____ Cell Phone Service Provider: _____

*Do you want to receive text messages regarding class/program changes, etc.? ___ yes ___ no

- Do you reside within the corporate limits of the City of Wooster? ___ yes ___ no
- Does an adult member of your household work within the corporate limits of the City of Wooster, thus paying City of Wooster income tax? ___ yes ___ no If yes, where? _____

1st Emergency Contact: _____ Relationship: _____

Phone (day): _____ (eve.) _____

*2nd Emergency Contact: _____ Relationship: _____

*Phone (day): _____ (eve.) _____

Primary Physician: _____ Phone: _____

Medical Information (current conditions & medications, allergies, etc.): _____

I: Authorization for Emergency Medical Treatment

I hereby give my consent for emergency medical treatment in the event I would be unable to give such consent while participating in programs sponsored and/or co-sponsored by the Wooster Recreation Division. Such treatment should be deemed necessary by an emergency medical physician only after substantiation by a second physician.

Signed: _____ Date: _____

II: Refusal of Emergency Medical Treatment (Do not complete if you completed part I.)

I DO NOT give my consent for emergency medical treatment in the event of illness or injury while participating in programs sponsored and/or co-sponsored by the Wooster Recreation Division.

Signed: _____ Date: _____

Participation Waiver

I do hereby acknowledge that I participate in the program(s) sponsored by the Wooster Recreation Division. I declare that my health and physical condition are adequate to meet the requirements of this program. I covenant and agree to indemnify and hold harmless the City of Wooster and its representatives and instructors against and from any and all costs, damages, or expense arising out of or from any accident or other occurrence causing injury to myself, or any other person or property during participation in the program(s).

Signed: _____ Date: _____

NOTE: All fields must be completed *except* for those with an asterisk. Fields with an asterisk are optional.