Print Form Reset Form

PITTSFORD SENIOR CITIZENS
EMERGENCY CONTACT INFORMATION SHEET

(Please fill out the sections below in **PRINT** as completely as possible.)

Your Name _____ **Birthday** _____
(Month / Day / Year)

Address _____ **Town** _____

State _____ **Zip** _____ **Phone** _____

EMERGENCY CONTACT INFORMATION

Name _____ **Relationship** _____

Address _____ **Town** _____

State _____ **Zip** _____ **Phone** _____

DOCTOR INFORMATION

Name _____ **Town** _____

Address _____ **Phone** _____

Hospital Preference _____

Any Medical Information that may be helpful in the event of an emergency:
(i.e. medications, heart problem, diabetes, allergies):

RELEASE: As part of my registration, I recognize that programs involving physical activity have inherent risks of injury and/or damage and I assume any and all such risks, as well as the responsibility to be fully aware of the inherent risks associated with any program for which I register, before I begin participation. The Town and its employees will not be liable for injury or damage that occurs as a result of such risks and I waive and release the Town and its employees from any such liability. I also grant full permission to the Town to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability.

Signature: _____ **Date:** _____