



**City of Friendswood
Community Services - Senior Citizen Program
Participant Registration Form**

<u>For office use only</u>	
Date Rec'd	_____
NR Fee Req'd	_____
NR Fee Rec'd	_____
DR Sg Req'd	_____
DR Sg Rec'd	_____
Date Entered	_____
Rules/Reg	_____

Date: _____ New Participant ___ Current Participant, since _____ (Year)
 Name: (F) _____ (L) _____
 Birth date: _____ Age: _____
 Home Address: _____
 City: _____ Zip: _____ County: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____
 Emergency Contact Person _____
 Emergency Phone: 1: _____ 2. _____
 Preferred Hospital _____

Check and provide an explanation if you have any of the following conditions:

- Heart Disease, Heart Attack, Heart Surgery _____
- Angina (chest Pain) _____
- Diabetes _____
- Arthritis/Bursitis _____
- Back Problems _____
- Lung Disease _____
- Orthopedic or Muscular Problems _____
- Asthma/Allergies _____
- Recent Surgery _____
- Hernia _____
- Epilepsy _____
- Dementia/Alzheimer _____
- Stroke _____

Are you currently taking a medication prescribed by a physician?

Yes _____ No _____ If yes, please indicate name(s) of medication and dosage

PLEASE READ CAREFULLY AND SIGN

Assumption of Risk & Waiver of Liability

I realize that there are risks involved in participating in any trip, event or activity through the Friendswood Senior Citizen Program. Furthermore, I accept full responsibility for any injury or accident to myself. I hereby waive any and all claims against the City of Friendswood, Friendswood Community Services Department, the Friendswood Senior Citizen Program, their agents, employees or instructors for any accident or injury I may sustain while participating. By signing this, I agree to the above statements regarding liability.

I have read the foregoing and I fully understand it and agree to the limits of my liability and accept the restrictions thereof. Any questions that may have occurred to me have been answered to my satisfaction. I have indicated above any health problems that would limit my participation in this activity or program. If any problem arises, it will be my responsibility to notify the Community Services Department and to update my information records. (Physician's approval may be required)

Participant's Signature _____ Date _____

Completion of this form is required by anyone who intends to participate in any activity sponsored by the Friendswood Senior Citizens Program and has been approved by City Council and the City Attorney.

Please return this form to:
Friendswood Senior Center
416 Morningside Drive
Friendswood, TX 77546
281-482-8441, Fax: 281-996-0994