

BOULDER CIRCUS CENTER REGISTRATION FORM

Participant's name: _____

(Name of Parent or Guardian): _____

Address: _____

Home phone #: _____ Work Phone #: _____

E-mail: _____

Cell phone, pager, or other method of contact: _____

Emergency Contact person: _____

Relationship to Participant: _____

Phone #: _____

Current health

Please list any condition or injury you have or have had in the past that might impact your ability to participate in any strenuous activities including, but not limited to the following conditions:

- | | | | |
|----------------------------------|--|---------------------------|--------------|
| Broken bones | Severe sprains | Seizures | |
| Heart condition | Diabetes or hyperglycemia | Spinal injury | |
| Asthma | Dislocation of joints | Allergic reactions | |
| Head injury or concussion | Panic or anxiety attack | Hearing impairment | |
| Impaired vision | Strained or ripped tendons or ligaments | | other |

Details: _____

Health insurance information:

Doctor: _____ Phone #: _____

Insurance Co. name: _____ policy #: _____

Preferred hospital: _____

Participant is taking the following prescription medication (if any):

Prescription name: _____ Dosage: _____

Time: _____

By signing below you give permission, in the event of any illness, injury or other emergency, to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary by the trainers present at the class or workshop for the safety and welfare of the program participant.

X _____ Date _____



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