

# CICERO PARKS & RECREATION

## Senior Center

### Registration/Medical Form

ALL INFORMATION IS CONFIDENTIAL

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Town of Cicero Resident \_\_\_\_ Yes \_\_\_\_ No

Preferred Method to receive newsletter E-Mail \_\_\_\_ US Mail \_\_\_\_

***Newsletters cannot be forwarded during the quarterly month mailing.***

Check the months you would like to receive the Newsletter: Jan-Mar \_\_\_\_ Apr-Jun \_\_\_\_ Jul-Sep \_\_\_\_ Oct-Dec \_\_\_\_

#### **Emergency**

**Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

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

Major Medical  
Problems/allergies \_\_\_\_\_

Major Medications that we would need to know about (example: insulin, heart medication, EpiPen etc.)  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, understand that participation in programs and events organized by the Town of Cicero involves certain risks, including but not limited to physical injury, property damage, or other unforeseen incidents. I voluntarily choose to participate in these activities and assume all associated risks.

In consideration of being allowed to participate, I hereby release and hold harmless the Town of Cicero, its employees, volunteers, and affiliates from any liability, claims, demands, or causes of action arising out of or related to any injury, loss, or damage that may occur as a result of my participation.

I certify that I am in good health and able to participate in the activities. I agree to follow all rules and instructions provided by the Town of Cicero staff and program leaders

Pictures and other materials may be used for Town of Cicero promotional purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_