

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 understand that the Town of Cicero does not carry medical insurance on participants in any program. I understand and acknowledge that the Town of Cicero or any of its agents or employees are not responsible for medical care or treatment if I should become sick or disabled on a trip sponsored by the Town of Cicero or attending a function at the Cicero Senior Center. I understand that the Town of Cicero employee will assist me, upon my request, to seek medical aid from a doctor, hospital, or other medical person. I further understand and acknowledge that the Town of Cicero assumes no responsibility whatsoever for the treatment received from such medical attendant or medical institution. The Town of Cicero employee will have no responsibility for such medical procedure. I accept full responsibility for any and all injuries which may arise out of my participation in programs offered by the Town of Cicero and hereby release the Town of Cicero, its agents and/or employees from any claims of any nature whatsoever arising out of my participation. Pictures and other materials may be used for Town of Cicero promotional purposes.

Signature _____ Date _____