

CICERO PARKS & RECREATION

Registration/Medical Form

ALL INFORMATION IS CONFIDENTIAL

Name _____ Phone _____

Address _____

Mailing Address (If different from above) _____

Date of Birth _____ Are you a Veteran or Spouse of a Veteran Yes _____ No _____

E-Mail Address _____

Town of Cicero Resident _____ Yes _____ No (If NO, fee collected) Amount _____ Date _____

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 _____

Primary Doctor _____ Phone _____

Medical Problems/allergies _____

Medications _____

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 _____