CITY OF LOS ANGELES | DEPARTMENT OF RECREATION AND PARKS

CLAUDE PEPPER SENIOR CITIZEN CENTER
50+ADULTPROGRAMS

REGISTRATION AND RELEASE OF LIABILITY FORM

PARTICIPANTINFORMATION

FIRST Name:	LAST Name:	Gender: □ Male □ Female □ Other

Home Address Unit City State Zip Code

Home Phone: - -	Work Phone: - -	Cell Phone: - -	Date of Birth: - -

Email Address:

□ CHECK THIS BOX TO BE INCLUDED ONTHEEMAILLIST □ CHECKTHISBOXIFADDRESS/PHONE NUMBER HAVE CHANGED

MEDICAL INFORMATION

Insurance Provider:	Policy #:
Physician Name:	Phone: - -
Dentist Name: Please check all that apply:	Phone:

□ Contact Lenses □ Dentures □ Diabetic □ Epileptic □ Metal in body

Do you utilize mobile aides:
□ Cane □ Walker □ Wheelchair □ Scooter/Power Chair □ Segway

List up to four medical conditions you want emergency responders to know about you:	List up to four medications you want emergency responders to know about you:
1.	1.
2.	2.
3.	3.
4.	4.
Allergies to medication: □ Yes □ No	Food allergies: □ Yes □ No
Please list:	Please list:

Dietary restrictions:

Additional information:

EMERGENCY INFORMATION

Name (FIRST, LAST)	Relationship	Home Phone - -	Cell Phone - -
Name (FIRST, LAST)	Relationship	Home Phone - -	Cell Phone - -
Name (FIRST, LAST)	Relationship	Home Phone - -	Cell Phone - -