

Participant's Information – Referred by: _____

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell or Other Phone: _____

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

Liability Waiver and Photo Release

☐ By registering, I agree to indemnify and hold harmless the City of Redwood City, VMSC, and Adaptive Physical Education, its employees, agents, and instructors, from any loss or liability which results or is alleged to have resulted from my participation in this program. I also consent to the use of my picture for Adaptive P.E. publicity. I have read and fully understand these policies.

Signature: _____ Date: _____

ADAPTIVE PHYSICAL EDUCATION
Gym Address: 939 Valota Rd, Redwood City
Mailing Address: 1455 Madison Ave. Redwood City CA 94061
650-368-7732
info@AdaptivePEvmcsc.org www.AdaptivePEvmcsc.org

ADAPTIVE P.E. STUDENT DATA FORM

Today's Date: _____ Date of Birth: _____

Name: _____
Last First M.I.

Street Address: _____ City: _____ Zip: _____

Home Phone # _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT: List additional contacts on the back of this page:

Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

MEDICAL CONDITIONS-DISABILITIES	Date of Onset (use back of page if needed)

LIMITATIONS: ☐ Balance ☐ Walking ☐ Vision ☐ Hearing ☐ Speech

Mobility/Assistive Devices Used: ☐ Wheelchair ☐ Walker ☐ Cane ☐ Brace

Transportation to class by: _____

CURRENT MEDICATIONS: (List additional on the back. If necessary, attach a separate sheet).

Medication	Purpose	Dosage

Where do you carry your medications: _____

Difficulties related to your medications: _____

Allergies: _____ Have you ever had a seizure? ☒ Yes ☐ No

Primary Doctor's Name: _____ Phone: _____

Doctor's address: _____ City: _____ Zip: _____

List additional doctors on the back of this page.

Hospital of Choice: _____

Health Insurance: _____ ID #: _____

☐ I understand and agree with my Student Responsibilities for this program.

Signature: _____ Date: _____