

# HUNTINGTON WOODS PARKS & RECREATION PARTICIPATION FORM

**Your Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**In case of emergency, please contact:**

1. **Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please list your current medications: (If you have a listing of your medications, we can copy it.)**

<u>Medication Name</u>	<u>Dosage (Mg and Interval)</u>	<u>Condition Treated</u>

**Please check all of the health problems that you have:**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cancer	<input type="checkbox"/> Lung Condition
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Circulation Problems
<input type="checkbox"/> Other or allergies?		

**Physical Condition:** Do you use a walker? \_\_\_\_\_ Cane? \_\_\_\_\_ Wheelchair? \_\_\_\_\_

**Consent for the Release of Confidential Medical Information**

I, \_\_\_\_\_, authorize the Huntington Woods Recreation Department to disclose identifying information for the purpose of:

1. Notifying emergency contacts in the event of an emergency.
2. Providing medical information to emergency caregivers (if needed).

**Participant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_