

SHAPE TC
5K Walking Club Registration Form



NAME _____ MALE _____ FEMALE _____

ADDRESS _____

CITY/ZIP _____ Age _____

PHONE _____ BIRTHDATE _____

If Minor

MOTHER'S NAME (PLEASE PRINT) _____ CELL PHONE _____

MOTHER'S PLACE OF WORK _____ WK.PHONE _____

FATHER'S NAME (PLEASE PRINT) _____ CELL PHONE _____

FATHER'S PLACE OF WORK _____ WK.PHONE _____

Shirt Size please circle one – S M L XL

HEALTH INFORMATION

Do you have any special health problems? _____

If yes, please explain: _____

Are you currently taking any medication? _____

Nature of medication: _____

Insurance Information: _____

Insurance Provider

Policy/Group #

Phone #

Are there any special circumstances the staff should be aware of? _____

In consideration of accepting and allowing me and/ or my child to participate in the above recreation program, I hereby for myself, my heirs, executors, administrators and assigns waive all rights and claim for damage against this program, the City, it's agents, representatives, successors and assigns for any and all injuries suffered by me and/or my child at and during said program, resulting from any passive negligence on the part of any such person, officer or entity. "Passive negligence" shall be defined as contrasted with "active negligence" as the courts from time to time interpret those two terms. Certain classes (i.e. gymnastics, karate, sports programs, etc.) pose a higher risk of injury due to the nature of the activity. I understand and accept this additional risk. All persons registered or attending the above activity may be photographed, filmed or otherwise recorded for publicity purposes. *The Temple City/El Monte School Districts neither endorses nor sponsors the organization or activity represented in this document. The distribution of the material is provided as a community service.*

Signature

Date