Grants Pass Family YMCA

Adult Participant Medical Information and Waiver

Participant Information:

First Name | MI | Last Name | M/F | Home Phone | Age

Street Address | City, State, Zip | Cell Phone | Date of Birth

Emergency Contact Information (other than parents):

First Name | Last Name | Relationship | Day Time Phone | Alternate Phone

First Name | Last Name | Relationship | Day Time Phone | Alternate Phone

Physician Information:

Physician Name | Phone

Are there any special situations the staff should be aware of?

Medical information: Please mark all that applies

- ☐ Blood pressure
- ☐ Back or Neck Injury
- ☐ Orthopedic Injury
- ☐ Shortness of Breath
- ☐ Fainting Spells
- ☐ Epilepsy/Convulsions
- ☐ Heart/Cardiac Condition
- ☐ Diabetes
- ☐ Kidney Disease
- ☐ Asthma
- ☐ Pulmonary Condition
- ☐ Rheumatic Fever
- ☐ Ear Infections
- ☐ Hepatitis (Jaundice)
- ☐ Recent Injuries
- ☐ Limb Braces
- ☐ Special Shoes
- ☐ Dental Braces
- ☐ Hearing Aid(s)
- ☐ Glasses/Contact Lenses
- ☐ Behavior Issues
- ☐ Hay Fever
- ☐ Drug Allergies _____
- ☐ Poison Oak
- ☐ Insect Allergies
- ☐ Food Allergies _____

Please explain, in detail, any medical and health condition(s) marked above including medications you may be taking.

Medical Authorization:
I hereby authorize the Grants Pass Family YMCA to secure required medical attention for myself and give permission for necessary medical personnel to render treatment deemed necessary and appropriate. I also understand and hereby agree to assume all risks and responsibility, financial and otherwise, which may be encountered due to such injury or illness while participating in any Grants Pass Family YMCA program. I also hereby agree to hold harmless the Grants Pass Family YMCA from any and all losses, claims, actions, costs, expenses, judgments, or other damages. These damages include but are not limited to loss resulting from injury to the above named (including injury resulting in death), loss or damage to property of any kind.

Release from Liability:
In consideration of the right to participate in a Grants Pass Family YMCA program, I release any and all claims for damages, losses and injuries suffered by myself as a result of said participation, against the Grants Pass Family YMCA, its officers, agents, representatives, executors, and all others. I hereby agree to assume full responsibility, financial and otherwise, and to hold harmless the Grants Pass Family YMCA from any and all losses, claims, actions, costs, expenses, judgments, or other damages. These damages include loss resulting from injury to any person (including injury resulting in death), loss or damage to property of any kind, arising out of incident to participants and/or activities on or off the premises, or any condition existing on the used premises (including, but not limited to the acts of employees, agents and others to this agreement).

I have read, understand, and agree to the above medical authorization and release from liability. In addition, by registering for an active older adults trip/program, I understand there is a $10.00 NON-REFUNDABLE deposit included in the fee for all trips and refunds, less the deposit, will only be given on cancellations submitted in writing NO LATER THAN SEVEN DAYS prior to the scheduled trip and only when the trip tickets can be resold.

Participant's Signature | Date