



PITTSFORD SENIOR CITIZENS EMERGENCY CONTACT INFORMATION SHEET

(Please fill out the sections below in **PRINT** as completely as possible.)

Your Name _____ Birthday _____
(Month/ Day/ Year)

Address _____ Town _____

State _____ Zip _____ Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ Town _____

State _____ Zip _____ Phone _____

DOCTOR INFORMATION

Name _____ Town _____

Address _____ Phone _____

Hospital Preference _____

Any Medical Information that may be helpful in the event of an emergency: (i.e. medications, heart problem, diabetes, allergies):

RELEASE: As part of my registration, I recognize that programs involving physical activity have inherent risks of injury and/or damage and I assume all such risks, as well as the responsibility to be fully aware of the inherent risks associated with any program for which I register, before I begin participation. I also recognize my participation in a program may result in the transfer or transmission of an illness or disease, including but not limited to COVID-19, which could result in serious sickness and/or death. The Town and its employees will not be liable for injury, damage or illness that occurs as a result of such risks and I waive and release the Town and its employees from any such liability. I also grant full permission to the Town to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability.

Signature _____ **Date** _____