

(To be filled out each year)



FORT WAYNE  
PARKS AND  
RECREATION  
Play well...Live well

\_\_\_\_\_ YEAR

# PARTICIPANT INFORMATION & LIABILITY WAIVER

(Please complete only one form, per person, per year)



FORT WAYNE  
PARKS AND  
RECREATION  
Play well...Live well

This information is strictly confidential and for The Fort Wayne Parks & Recreation Department use only.

Daytime Classes       Evening Classes

## Participant:

\_\_\_\_\_  
Last Name                                  First Name                                  Middle Initial      Birthday (mm/dd)

\_\_\_\_\_  
Address    City                                  State      Zip

\_\_\_\_\_  
Cell Phone                                  Home Phone                                  Work Phone

\_\_\_\_\_  
E-mail Address

## General/Medical: *(This information will be used for emergency contacts only)*

\_\_\_\_\_  
Emergency Contact Name                                  Relationship                                  Phone

\_\_\_\_\_  
Hospital Preference                                  Primary Physician (full name)                                  Phone

\_\_\_\_\_  
Medical Conditions/Disabilities                                  Medications

\_\_\_\_\_  
List Pertinent Allergies

## Participant Background: *(This information will be used for future program planning)*

<u>Gender</u>	<u>Age</u>	<u>Marital Status</u>	<u>Education Level</u>	<u>Employment</u>	<u>Ethnic</u>
<input type="checkbox"/> Female	<input type="checkbox"/> under 18	<input type="checkbox"/> Single	<input type="checkbox"/> High School	<input type="checkbox"/> Not Working	<input type="checkbox"/> African American
<input type="checkbox"/> Male	<input type="checkbox"/> 19-29	<input type="checkbox"/> Married	<input type="checkbox"/> College	<input type="checkbox"/> Retired	<input type="checkbox"/> Asian
	<input type="checkbox"/> 30-39	<input type="checkbox"/> Divorced	<input type="checkbox"/> Masters	Currently working:	<input type="checkbox"/> Caucasian
	<input type="checkbox"/> 40-49	<input type="checkbox"/> Widowed	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Full time	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> 50-59		<input type="checkbox"/> Trade	<input type="checkbox"/> Part time	<input type="checkbox"/> Other:
	<input type="checkbox"/> 60-69		<input type="checkbox"/> Military	Company Name: _____	
	<input type="checkbox"/> 70 +		<input type="checkbox"/> Other: _____		

## LIABILITY:

The City of Fort Wayne, The Parks and Recreation Department and /or The Community Center are not responsible for any injury, loss, or damage that may occur to any participant, their guests, and/or property from any cause whatsoever, prior to, during or subsequent to the time the participant or their guests are attending The Community Center facilities or sponsored programs. The participant upon signing this document expresses and releases the above mentioned agencies, paid individuals and/or volunteers from any and all claims from such loss, damage, or injury.

\_\_\_\_\_  
Participant Signature Required: *(Parent/Guardian signature if participant is under 18 years of age.)*

\_\_\_\_\_  
Date Signed

Please send me information about volunteer opportunities at The Community Center.     Yes     No

Entered: _____
Initials: _____