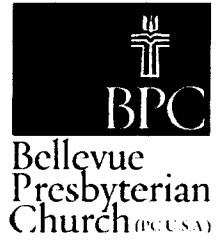




Sunny Day Club® Participant Form



PARTICIPANT'S FULL NAME _____

ADDRESS: _____

GENDER: Male _____ Female _____ Birthdate _____

MARITAL STATUS: Married _____ Single _____ Divorced _____ Widow/er _____

HOW DID YOU HEAR ABOUT THE SUNNY DAY CLUB ® ?

EMERGENCY INFORMATION

Doctor's Name _____

Address _____ Phone # _____

Hospital Preference _____

Participant's Insurance Carrier _____

Policy # _____

Allergies _____

List all physical problems, including mental health issues and communicable diseases:

List any dietary or physical restrictions:

List Medications/Dosage:

CAREGIVER CONTACT INFORMATION

CAREGIVER'S NAME:

ADDRESS IF DIFFERENT FROM PARTICIPANT: _____

PHONE # s (H) _____ C _____ (W) _____

EMAIL ADDRESS:

ALTERNATE CONTACT PERSON: _____

RELATIONSHIP _____

ADDRESS: _____

PHONE # s (H) _____ C _____ (W) _____

I hereby release Bellevue Presbyterian Church (hereafter "BPC"), its staff, employees, and volunteers from any liability for injury or damages suffered by the above participants during the course of the Sunny Day Club ® program and agree to release, indemnify and waive any rights by subornation I may have, and hold harmless BPC, its staff, employees, volunteers from injury or damages to the above participant. I acknowledge that BPC cannot and does not assume responsibility for undesirable incidents or injuries should the participant leave the BPC campus without permission.

I hereby consent and authorize the Sunny Day Club ® staff (paid or volunteer) to obtain emergency medical treatment for the above participant in the case of injury or illness upon presentation of this authorization or photocopy thereof.

I understand that every reasonable effort will be made to ensure the safety of the Participant.

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF EACH PARTICIPANT AND GUARDIAN TO UPDATE THIS INFORMATION AS THE NEED ARISES.

Participant Signature

Date

Guardian Signature

Date