

TOWN of CLAY SENIOR CENTER
4948 Route 31 Clay, NY 13041
(315) 652-3800 ext 137

NAME: _____

ADDRESS: _____

(please include town AND zip code)

PHONE: (315) _____

Email: _____

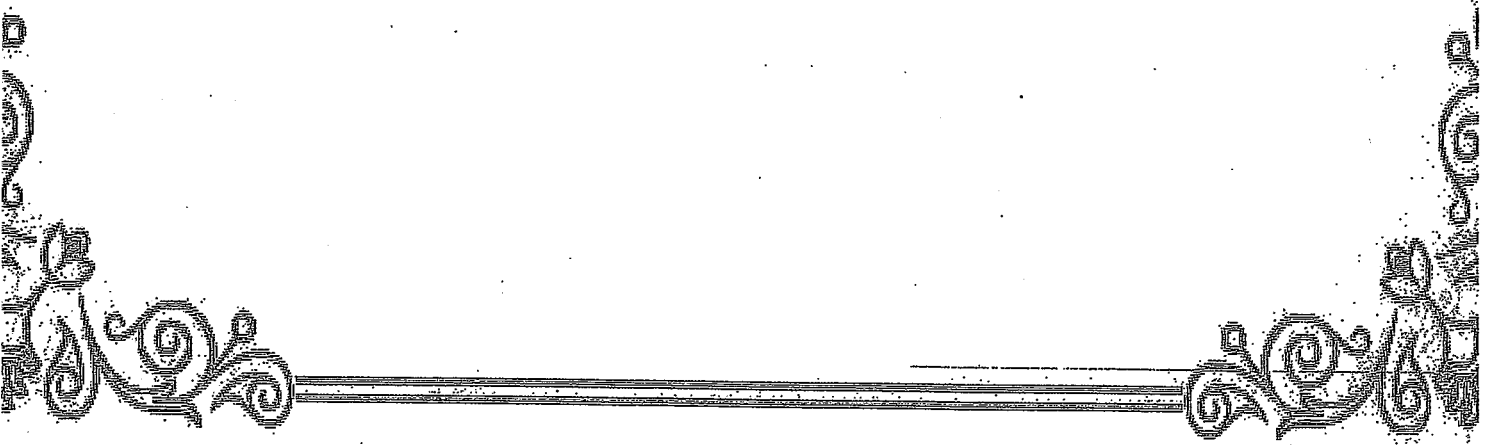
Town of Clay Resident: _____ yes _____ no

EMERGENCY CONTACT 1: _____

EMERGENCY CONTACT 2: _____

MEDICAL HISTORY/ALLERGIES/MEDICATIONS

Please include information you would want given in the event of an ambulance call.



I understand participation in Town of Clay Senior Center may involve risk of physical injury, and I assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

(Participant signature) _____ on this (Date) _____ does hereby covenant and agree to release and hold harmless the Town of Clay from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising out of participation in the Clay Senior Center.

Pictures and other materials, which include me, may be used for Town of Clay promotional purposes.

There is no medical insurance carried by the Town of Clay for program participants.

Name: _____ Date of Birth _____

Address: _____ City _____ State _____ ZIP _____

Email Address: _____

Primary Phone #: _____ Secondary Phone # _____

Medical/Allergy History: _____

Additional Persons/Phone #'s to contact in an emergency: _____

