

# School District of Greenwood

## COMMUNITY FITNESS CENTER EMERGENCY FORM

PLEASE FILL ONE FORM PER REGISTERING PERSON. PLEASE PRINT CLEARLY.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor's/Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

IN CASE OF AN EMERGENCY, WHOM SHOULD WE CONTACT?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

ANOTHER PERSON WE COULD CALL IS:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***In case of illness, accident, or injury, I give the  
School District of Greenwood permission to obtain emergency medical care for myself.  
I further release the School District of Greenwood from all liability.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_