



The information in this form is not shared. It is kept in a secure location.

City of Derby Senior Services Patron Information

Date: _____

Patron ID: _____

Last Name: _____ First Name: _____ MI: _____ Nickname: _____

Date of Birth: _____ Wedding Anniversary: _____ Ethnic Background: * _____ M - F(circle one)

Address: _____ Unit/Apt. #: _____
Home Phone: _____

City: _____ St: _____ Zip: _____ County: _____ Cell Phone: _____

Interests and Skill:

Email Address: _____

Emergency Contacts: (Relationship and Phone Numbers)

Hospital:

Doctor(s)(Phone Numbers):

Medical Conditions/Allergies:

In consideration of my patronage at the DSAC, I hereby waive and release, for me and my heirs, executors and administrators, any and all rights and claims for damages I may have, now and in the future, against the City of Derby, Kansas and its representatives, successors and assigns, for any and all injuries suffered by me while participating in any activity sponsored by the DSAC, including but not limited to any exercise program, planned trip or activity, or use of exercise equipment. I understand that vigorous physical exercise may aggravate some medical conditions and I have obtained or will obtain clearance from my physician before participating in any such activity. By signing this form I hereby authorize DSAC representatives to release my medical information to EMS in the event of a medical emergency.

*American Indian, Alaska Native, Native Hawaiian, Asian, Pacific Islander, African American, Hispanic, Caucasian

Form Dated 2/10/10

Updated: _____ Updated: _____ Updated: _____ Updated: _____ Updated: _____
Updated: _____ Updated: _____ Updated: _____ Updated: _____ Updated: _____