

Greenwood Community Fitness Center

EMERGENCY CONTACT 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: _____