

EMERALD CITY TRAPEZE ARTS

REGISTRATION FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Date of Birth: _____

Age: _____ Sex: M F

In Case of Emergency Contact:

Name: _____

Phone: _____ Relationship: _____

Do you have any conditions for which you are currently receiving treatment?

YES NO

If yes, please explain: _____

Are you currently taking any medication (other than birth control)? YES NO

If yes, please list: _____

Are you under the influence of any substance at this time? YES NO

Do you have medical insurance?: YES NO

If yes, please provide the following information:

Insurance Provider: _____

Policy Holder: _____ Relation to Self: _____

How did you hear about us? _____

I certify that the above information is accurate and true to the best of my knowledge.

Print Name:

Signature:

Date: _____