



Parks & Recreation Department
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GENERAL ADULT REGISTRATION FORM

REGISTRATION FORM EXPIRES ON SEPTEMBER 1, 2010

NAME OF PARTICIPANT: _____
FIRST LAST

AGE: _____ BIRTH DATE: ____/____/____ SEX (M / F): _____

T-SHIRT SIZE: **ADULT** S M L XL **YOUTH** S M L XL

IVGID RECREATION PHOTO ID CARD HOLDER? **YES / NO** (CIRCLE ONE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT : _____ PHONE NUMBER: _____

EMERGENCY MEDICAL INFORMATION

(all that apply):

- Hyper/Hypo Active Learning Disabled Behavioral Problem Epileptic Asthma Visually Impaired
- Hearing Impaired Diabetic Motor Coordination Physical Impairment (Explain) _____
- Other (Explain) _____
- Allergies _____ Medications _____

Name of Physician: _____ Phone _____

The medical information provided above is current and accurate to the best of my knowledge as of the date noted below and may be released to medical personnel where definitive medical care is required. The furnishing of such care is in no way an admission of, or assumption of, liability on the part of the Parks & Recreation Department. It is understood that Parks & Recreation personnel will attempt to contact an emergency contact, if possible, prior to transporting the participant by any mode of transportation to a physician and/or medical facility to render emergency medical care to said participant and we consent to such treatment. The information will be kept on file only until the expiration date of the form and it is the responsibility of the participant to insure that this medical information is updated when medical conditions change during the noted period.

SIGNATURE _____

DATE _____