

Emergency Contact and Medical Information

Your Name _____		Gender _____
Date of Birth _____		
Mobile Phone _____	Other Phone _____	
Address _____		Email Address _____
City, ST ZIP Code _____		Newsletter? Y / N _____

Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____
Mobile Phone _____	Other Phone _____	Phone _____
Address _____		Address _____
City, ST ZIP Code _____		City, ST, ZIP _____

Medical Information

Hospital/Clinic Preference _____	
Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Do you have any Allergies/Special Health Considerations/ medical conditions that will affect your participation? List any other concerns here.

Please fill and sign other side.



MEDICAL RELEASE

I, _____, hereby authorize any Medical treatment which may be necessary in an emergency. I agree to hold the treating physician, hospital, Monkey Aerial Arts LLC, and Studio B Grayslake harmless.

Signature _____

Printed name _____

PHOTO, PRESS, AND ELECTRONIC MEDIA RELEASE

I, _____, do hereby give my permission to Monkey Aerial Arts LLC and Studio B Grayslake for the use and reproduction of the video footage, photographs, or voice recordings of the participant. I understand that the use of the participants image and voice may be primarily for the purposes of educational and/or promotions. Student last names will not be used in promotions without additional permissions. Monkey Aerial Arts will to treat all materials with respect and integrity in the presentation of any participants.

Signature _____ Date _____

Printed Name _____