

Adult – Emergency Contact & Medical Information

Student Name (first & last) _____ Date of birth & year _____ Gender _____

Student’s T-shirt size: Youth / Adult X-Small / Small / Medium / Large / Extra Large Other: _____

Mobile phone _____

Email address _____
 Newsletter? Y / N
 If you select no, you may not be notified of future classes.



Address _____

City, ST Zip code _____

Today’s Date _____

Primary & Secondary Emergency Contact

Primary Emergency Contact _____ Mobile Phone _____ Relation _____

Medical Information and Photo release

Do you have medical insurance? Y / N _____
 Insurance company & Policy/Group number (optional) _____

Primary Care Physicians Name (optional) _____ Phone number (optional) _____

Do you have any Allergies/Special Health Considerations/medical conditions that will affect your participation?
 Y / N List any concerns on the back of this paper

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 _____ Date _____

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 treat all materials with respect and integrity in the presentation of any participants.

Signature _____ Printed Name _____ Date _____