



# PITTSFORD SENIOR CITIZENS EMERGENCY CONTACT INFORMATION SHEET

(Please fill out the sections below in **PRINT** as completely as possible.)

Your Name \_\_\_\_\_ Birthday \_\_\_\_\_  
*(Month/ Day/ Year)*

Address \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## DOCTOR INFORMATION

Name \_\_\_\_\_ Town \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Any Medical Information that may be helpful in the event of an emergency: (i.e. medications, heart problem, diabetes, allergies):**

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**RELEASE:** As part of my registration, I recognize that programs involving physical activity have inherent risks of injury and/or damage and I assume all such risks, as well as the responsibility to be fully aware of the inherent risks associated with any program for which I register, before I begin participation. I also recognize my participation in a program may result in the transfer or transmission of an illness or disease, including but not limited to COVID-19, which could result in serious sickness and/or death. The Town and its employees will not be liable for injury, damage or illness that occurs as a result of such risks and I waive and release the Town and its employees from any such liability. I also grant full permission to the Town to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_