

# VMKS Registration and Statement of Health Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Email: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_ Plan #: \_\_\_\_\_ Group #: \_\_\_\_\_

How did you first hear of VMKS?

Internet  Brochure/Flyer  Word of Mouth  Other: \_\_\_\_\_

## Health History:

Allergies (e.g. insect stings, drugs, etc.): \_\_\_\_\_

\_\_\_\_\_

Conditions requiring regular medication (e.g. Diabetes, Epilepsy). What medications?:

\_\_\_\_\_

Physical disabilities or chronic conditions: \_\_\_\_\_

\_\_\_\_\_

Emotional or behavioral disorders (e.g. phobias): \_\_\_\_\_

\_\_\_\_\_

I am a (circle one) poor / average / good / excellent swimmer.

I assume full responsibility for my health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. VMKS will be notified of any changes in my health status prior to class time or trip departure.

I declare the statements on this form to be true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Signature of parent/guardian if  
participant is under 18 years of age.