THE PITTSBURGH PROJECT… 2009/2010 ADULT REGISTRATION FORM

(adult =18+ years of age)

Please Print Neatly

Name _____ Gender **M** **F**

T-shirt size (please circle one): *womens*- s m l xl *mens*- s m l xl xxl xxxl

Church/Group _____ Leader _____

Have you or a member from your family attended a service camp at The Pittsburgh Project? **YES** **NO**

Home Phone ( )_____ cell ( )_____ Date of Birth ____/____/____

Home Address_____

Your Email Address _____

City/State _____ ZIP _____ Current Age _____

Contact Information

Spouse's/Parents' Full name(s)_____ **SPOUSE** **PARENT**

Phone (day) _____ (evening) _____

In case spouse/parents' cannot be reached, please call _____

at phone (day) _____ (evening) _____

Medical Information

Insurance Carrier _____ Policy Number _____

Ins. Carrier's Phone Number _____ Primary Care Physician _____

Primary Care Physician's Phone Number _____

Current medications_____

Date of last tetanus shot _____

Allergies (Drug, food, etc.) /Special Medical Needs _____

_____

Release from Liability

I hereby release The Pittsburgh Project, its staff and members of the board of directors, from any liability for injury that I may sustain during The Project's activities. In case of illness or injury, and in the event I am unable to respond, I authorize Project staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Signature_____

Date_____