



# City of Pullman, Parks, Facilities, & Recreation

325 SE Paradise St, Pullman WA 99163  
509-338-3227 recreation@pullman-wa.gov www.pullmanparksandrec.com

## Optional & Confidential Adult Medical Information Form January 1-December 31, 2020

Participant's Name: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Emergency Contact Name	Relationship	Phone 1	Phone 2
1.			
2.			

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ I.D. Number \_\_\_\_\_

**Special Medical Conditions:** regarding allergies, chronic illnesses, regular medication, allergies to medicine, etc. (if more room is needed, please write on the back of this page):

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In the event that I am injured or should require medical attention, I hereby authorize Pullman Parks & Recreation to release my medical information to secure necessary medical treatment. Also, in consideration of your accepting my entry, I hereby assume for myself all risks for damages I may have against the City of Pullman or its employees connected with the program. I also acknowledge that the City of Pullman provides no medical coverage of any kind for any accidents or injuries that might result during participation in City sponsored programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_