



Pearl City Foundation Class Registration Form

Class	Day of class	Instructor
Class	Day of class	Instructor
Class	Day of class	Instructor

Participant Information (please print)

Last Name	First Name	M.I.	Gender M / F	Birthdate
Street Address			City/State	Zip Code
Home Phone	Cell Phone	Email		

Participant's Medical Information

Doctor's Name	Doctor's Phone Number	Insurance Carrier
Allergies/ Medical Conditions/ Concerns		Choice of Hospital

Emergency Contacts

Name	Relation to participant	Cell Phone #	Work Phone #	Home Phone #
Name	Relation to participant	Cell Phone #	Work Phone #	Home Phone #

Medical Waiver/Release

In case of accident or need for medical attention, I give permission to Pearl City Foundation, its employees, agents or assigns to have me taken to the nearest emergency medical facility for medical care. I further agree to pay any and all such medical expenses, costs and other charges and to release, discharge and hold harmless Pearl City Foundation, its officers, employees, agents and assigns from and against any liability or any claims or demands arising from or connected with such medical care.

Further, I do for myself, my heirs, executors, and administrators, hereby defend, hold harmless, indemnify, release Pearl City Foundation and all its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury and/or death arising from my participation in any Pearl City Foundation programs.

I further understand that Pearl City Foundation reserves the right to refuse service to anyone at any time.

Signature of Participant _____ Date _____