



City of Pullman, Parks & Recreation

190 SE Crestview St, Bldg B, Pullman WA 99163

509-338-3227 recreation@pullman-wa.gov www.pullmanparksandrec.com

Optional & Confidential Adult Medical Information Form January 1-December 31, 2022

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):

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: _____