REVIVE225

A MINISTRY OF FIRST UNITED METHODIST

Registration and Medical Information

Group Name: _____

Please note:

(1) Keep original, notarized form in the vehicle in which you travel **AT ALL TIMES!!!**
(2) Please attach a copy of your medical insurance card to this form.
(3) Mail a copy of this form with attached copy of medical insurance card to Revive225 Staff as soon as possible.

****Please type this form or print in ink – thank you!****

REGISTRATION INFORMATION

Name _____
Address _____
City, State, Zip _____
Phone _____

T-shirt Size: S M L XL 2X 3X
Occupation _____
Email Address (adults only):
_____

EMERGENCY MEDICAL INFORMATION

MEDICAL INFORMATION ON THIS FORM WILL ONLY BE USED IN THE EVENT THAT MEDICAL TREATMENT IS NEEDED. IT WILL NOT BE USED FOR ANY OTHER PURPOSE.

Social Security # _____ Date of Birth _____/_____/_____
Date of last Tetanus shot _____ Gender (circle) M F
Medication(s) you are currently taking (prescribed & over-the-counter – this is extremely important!!)

Medication(s) you CANNOT take: _____
Any allergies and/or special health problems or concerns: _____

MEDICAL INSURANCE INFORMATION

Company Name _____ Policy # _____
Phone _____ Policy Holder's ID # _____
Address _____ Relationship to policyholder _____
City, State, Zip _____

IN AN EMERGENCY, PLEASE CONTACT:

Name _____
Relationship _____
Address _____
City, State, Zip _____
Day Phone _____
Evening Phone _____
Cell Phone _____
Also on Revive225? (Circle) Y N

Name _____
Relationship _____
Address _____
City, State, Zip _____
Day Phone _____
Evening Phone _____
Cell Phone _____
Also on Revive225? (Circle) Y N

PHYSICIAN INFORMATION

Physician Name _____
Phone _____

Address _____
City, State, Zip _____