ASHEVILLE-BUNCOMBE SENIOR GAMES 2006 MEDICAL INFORMATION & RELEASE

Each participant in the Asheville-Buncombe Senior Games must present that his/her physical condition assures a healthy and safe experience plus a medical examination that is valid for one year.
Please complete all questions.

**THIS FORM MUST BE COMPLETED TO BE FULLY REGISTERED FOR ABSG...
INCOMPLETE FORMS WILL BE RETURNED.**

PLEASE PRINT CLEARLY AND USE BLACK INK OR TYPE

FULL NAME: _____

AGE: _____ HEIGHT: _____ WEIGHT _____

MEDICAL HISTORY

ANY SIGNIFICANT ILLNESS/OPERATIONS? _____

ALLERGIES? ☐ YES ☐ NO TYPE _____

MEDICATION: PLEASE LIST ALL CURRENT PRESCRIPTION MEDICATION YOU TAKE ON A REGULAR BASIS

TYPE	DOSAGE	REASON FOR MEDICATION

PLEASE CHECK IF YOU HAVE EVER BEEN TREATED FOR: ☐ HIGH BLOOD PRESSURE

☐ RESPIRATORY ILLNESS ☐ DIABETES ☐ HEART CONDITION ☐ ARTHRITIS ☐ SEIZURES

ANY PHYSICAL RESTRICTIONS OR LIMITATIONS? _____

_____

I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims, Asheville Parks and Recreation, Buncombe County Parks and Recreation Services, the City of Asheville, the County of Buncombe, Black Mountain Recreation and Parks, and Town of Black Mountain and their representatives, and assigned for any and all injuries suffered by in said event. I also attest and verify that I am physically fit and have trained sufficiently for the events in which I have chosen to participate during the 2006 Senior Games.
The 2006 Asheville-Buncombe Senior Games has my permission to have a physician attend to me if it is deemed necessary during my participation in the Games. The sponsors have advised me that it would be in my best interest to consult my physician prior to my training and participation in the Senior Games.

EMERGENCY CONTACT(S)

NAME _____ PHONE: _____

NAME _____ PHONE: _____

SIGNATURE: _____ **DATE:** _____