

Prime Time Adventurers
HENRY COUNTY SENIOR TRAVEL CLUB
REGISTRATION/EMERGENCY INFORMATION

(Travel Club annual fee - \$5 per person)

Name: _____ Name of spouse (if applicable): _____

Age: _____ Date of birth: _____ E-mail: _____

Address: _____

Phone: (Home) _____ Work _____ Cell _____

Emergency contacts:

1st Name: _____ Relation: _____

Phone numbers: (1) _____ (2) _____

2nd Name: _____ Relation: _____

Phone numbers: (1) _____ (2) _____

Doctor's name: _____ Phone: _____

Insurance Provider: _____ Policy # _____

Medical conditions/concerns: _____

Do you currently have or have a history of:

	Yes	No
Diabetes	___	___
High blood pressure	___	___
Back problems	___	___
Emphysema	___	___
Asthma	___	___
Heart problems	___	___
Do you have a pacemaker or defibrillator?	___	___
Are you currently on any medications?	___	___

If currently taking medication, please list the medication, dosage taken and the condition for which it was prescribed.

Medication name _____ Dosage _____ Condition _____

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Medication name _____ Dosage _____ Condition _____

Please indicate any known reaction to medication (*drowsiness, etc.*) _____

Please list any known allergies (*food, meds, etc.*) _____

In case of an emergency, I give permission for a Travel Club representative to call emergency personnel and contacts. In addition I give permission for a representative to collect my belongings.

Signature

Date

For Travel Club committee use only

Registration fee paid _____ Individual or Family _____ Date _____

All forms completed and signed: _____ Yes _____ No _____ Date _____