

**FIRST BAPTIST CHURCH LITHIA SPRINGS,
WHITMIRE ACTIVITIES CENTER**

INFORMATION FORM

Name: _____

Address: _____

City/Zip _____

Phone (Home) _____ (work) _____

Cell #: _____ Email: _____

DOB: _____ Gender: M _____ F _____

Marital Status: Married Single Widow Divorced (circle one)

In case of Emergency, Please contact:

Name _____ Phone# _____

Please list on the back of this card any medical information the staff may need in case of emergency.

Waiver Release: This form must be signed by all Activities Center users over the age of 18, or parent/guardian of under 18 year old individuals.

The participant releases and discharges First Baptist Church from all claims for any personal injury suffered by that participant or any member of the participating family while using the facility or the equipment in the Activities Center.

First Baptist Church does not make any express or implied warranty of the premises, the equipment, machinery, fixtures and furniture.

Signature _____ Date _____

MEDICAL CONDITIONS:

MEDICATIONS:

ALLERGIES:

I give this medical information freely to be used in case of a medical emergency. Signature indicates my permission to give this information to Emergency Medical Personnel.

SIGNATURE

HAVE YOU BEEN THROUGH OUR WEIGHT ROOM TRAINING? YES NO

DO YOU CURRENTLY ATTEND A CHURCH? YES NO

IF SO, WHERE?

How did you hear about our Activities Center?

Do you plan to be a regular Activity Center user? YES NO

OFFICE USE ONLY

- ACS
 - PROSPECT
 - OTHER
- WELCOME LETTER _____ (date)
- Copy to Office - LINK Contact
- Other info