



The Rhythm Centre Medical Form

The following information is required and will be used in the event of an injury or medical emergency.

TRC is not allowed to administer or supply medications (including aspirin.) Please alert the instructor if you must take medication during class.

Participant Name:

First Name:

Last Name:

Date of Birth: DD/MM/YYYY

Class (es) Enrolled In:

Parent/Guardian Name:

First Name:

Last Name:

Home Phone Number:

Cell Phone:

Employer:

Work Phone:

Area Hospital Preference:

Health Insurance Company:

Policy Number:

Group Number:

Emergency Contact Name (in addition to parent/guardian):

First Name:

Last Name:

Relationship to Participant:

Emergency Contact Home Phone Number:

Emergency Contact Work Phone Number:

Emergency Contact Cell Phone Number:

Emergency Medical Information (allergies, medications, other info you wish to share). Please inform us of any special needs you may have so that our staff may be more fully prepared to make your participation in workshops/programs/classes more enjoyable and successful.