



HEALTH SERVICES FITNESS EVENT REGISTRATION FORM



Event Information (Staff Use)

Name: 2012-2013 H.E.L.P. Team Name: _____ Team Number: _____
(If Applicable) (If Applicable)

Demographics

*Name: _____ *Date: _____
First Middle Last

*MAISE ID: _____ Sex: Male Female *Date of Birth: _____ *Age: _____

*Address Line 1: _____ Home: () - _____
 Address Line 2: _____ Other: () - _____

City: _____ State: _____ Zip: _____ Email Address: _____

Do you have Diabetes: Yes No SR Tribal Member: Yes No Reside in SRPMIC: Yes No

Employed with SRPMIC: Yes No If yes, which Dept.? _____ Occupation: _____

Parent/Guardian (if under 18 years): _____

T-Shirt Size: Adult Child SM MED LG XL 2XL 3XL
(If Applicable)

Health Screening (Staff Use)

Weight: _____ BF%: _____ BS: _____ Other: _____

In consideration of my participation, I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Salt River Health Service Department, Diabetes Program, Salt River Pima-Maricopa Indian Community, the groups, the sponsors, and any individuals associated with the event for any claim damages or injuries sustained by me during the fitness event/program.

X _____ Date _____
 Signature of Participant or Signature of Parent or Guardian if under 18