# HEALTH SERVICES
# FITNESS EVENT REGISTRATION FORM

Supporting Community Through Technology

## *Event Information (Staff Use)*

Name: 2016-2017 H.E.L.P. Team Name: _____ (If Applicable) Team Number:: _____ (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): _____

[redacted]
(If Applicable)

## *Health Screening (Staff Use)*

Weight: _____ BF%: _____ BS: XXXX Other: WAIST: (at elbow crease)

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** _____ _____

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

# HEALTH SERVICES
# FITNESS EVENT REGISTRATION FORM

Supporting Community Through Technology

## *Event Information (Staff Use)*

Name: 2016-2017 H.E.L.P. Team Name: _____ (If Applicable) Team Number:: _____ (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): _____

[redacted]
(If Applicable)

## *Health Screening (Staff Use)*

Weight: _____ BF%: _____ BS: XXXX Other: WAIST: (at elbow crease)

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** _____ _____

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