

Name: _____ Age: _____

Student ID: _____ Sex: M or F

Local Address: _____

Local Phone: _____

Home Address: _____

Home Phone: _____

Please mark any conditions you may have:

<u>Condition</u>	<u>Medication</u>	<u>Explanation</u>
___ Asthma	_____	_____
___ Diabetes	_____	_____
___ Epilepsy/Seizures	_____	_____
___ Fracture (recent)	_____	_____
___ Headaches (frequent)	_____	_____
___ Heart Problems	_____	_____
___ High Blood Pressure	_____	_____
___ Surgery (recent)	_____	_____
___ Contact Lenses	_____	_____
___ Other	_____	_____
___ None	_____	_____

All medications will need to be registered with the EMT during the registration process before Dance Marathon.

Allergies: ___ Yes ___ No ___ Unknown
If yes, please list: _____

Special dietary concerns: _____ Vegetarian: _____

Emergency Contact: List someone in the area with access to a car that will be available during Dance Marathon.

Name: _____ Phone: _____

Address: _____