



Community Boating Center, Inc.
1641 Padanaram Avenue
New Bedford, MA 02740

AMHS 2017

Name: _____
Home address: _____ Street City or Town Zip
Home phone: _____ Work/cell phone: _____
Email address: _____

IN CASE OF EMERGENCY, CONTACT:

Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____

MEDICAL INFORMATION:

Chronic/Recurring Illness: (heart, diabetes, etc.) _____

Medication being taken: _____

Special Restrictions: _____

Allergies: _____

Please sign where indicated on reverse side (3 signatures needed).

Thank you.

