

# AGING MASTERY PROGRAM



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address (Required) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Village/Township (Circle one):

Village Prairie du Sac    Village Sauk City    Town Prairie du Sac    Village of Merrimac  
Town of Merrimac    Roxbury    Sumpter    Town of Mazo  
Other \_\_\_\_\_

**Special Needs** (please list any health concerns, physical limitations, special accommodations-wheelchair, walker etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Consent for Emergency Medical Treatment:** I hereby consent to emergency medical treatment performed by a licensed physician under any condition where it is judged to be needed to protect my health and well being, and where my specific consent is not immediately available.

**Waiver of Liability:** I further agree to abide by the policies set forth by the Sauk Prairie School District. I release, discharge, and/or indemnify Sauk Prairie School District against any claim by or on behalf of the registrant as a result of the person's participation in the programs or while being transported to/from any program providing transportation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please make checks payable to:** Sauk Prairie School District  
**Mail or drop off form:** Community Center 730 Monroe St, Sauk City WI 53583

<b>FEE: \$25</b>	Cash	Check #:
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<b>OFFICE USE ONLY</b>	_____ Amount Paid	_____ Date Paid	_____ Received by	Cash or Check
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