

Please list any health concerns that could affect your well being and any first aid treatment at the Bridgman Aquatic Center.

Allergies: _____

Health Concerns: _____

Limitations: _____

Members for Annual Pass : Spouse/Partner & Legal dependents ONLY

Name	Relationship	Date of Birth	Gender
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1. _____

2. _____

3. _____

4. _____

5. _____

PLEASE NOTE: ANY information provided will be used solely for BAC contact or emergency purposes and will not be shared with anyone for any reason.

Office use:

Resident _____ Non-Resident _____ Senior _____

Purchase Date _____ Check# _____ Cash _____

Annual Pass Expiration Date _____

Notes: _____

_____ **Initials** _____ **Date** _____