



**GOOD SHEPHERD ADULT  
PROGRAMS at PJACC  
PROGRAMAS DE ADULTO DE PJACC**

Return your application to/*Devuelve su aplicacion a:* 876 Schenck Ave Brooklyn, NY  
Telephone Number/*Numero de Telefono* - 929.246.6400

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
*Nombre de Participante*

Date of Birth: \_\_\_\_\_  
*Fecha de Nacimiento*

Gender: MALE  FEMALE  AGE: \_\_\_\_\_  
*Genero Masculino Femenino Edad*

Home Address: \_\_\_\_\_ Apt. \_\_\_\_\_ Zip code: \_\_\_\_\_  
*Direccion de Hogar Apartamento Codico Postal*

Home Phone: \_\_\_\_\_  
*Numero de Telefono*

Cell Phone: \_\_\_\_\_  
*Telefono Celular*

Participant E-mail \_\_\_\_\_  
*Email de Paticipante*

Race:  African American/Black  Asian American  White  Hispanic  
*Nacionalidad*  Other: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATON / CONTACTOS DE EMERGENCIA**

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
*Nombre de Contacto Relacion*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*Telefono de Hogar Telefono Celular*

Work Phone: \_\_\_\_\_ Email Address \_\_\_\_\_  
*Telefono de Trabajo Email Electronico*





# Medical Conditions

## Condiciones Medicas

Do you have any known Allergies/ *Usted tiene Alergia?* \_\_\_ Yes \_\_\_ No

Do you carry an Epi pen?/ *¿Una pluma Epi?* \_\_\_ Yes \_\_\_ No

Are you fully vaccinated? \_\_\_ Yes \_\_\_ No

**If yes, you must notify the instructor of its location prior to the start of class.**

Do you have Asthma?/ *¿Tiene asma?* \_\_\_ Yes \_\_\_ No

If yes, please list items that you are allergic to/*Si tu respuesta es Si de alergia de que tienes alergia:*

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Do you have any medical conditions or physical disabilities? \_\_\_ Yes \_\_\_ No

*Usted tiene una discapacidad o una condicion medica?* \_\_\_ Si \_\_\_ No

If yes, what is the nature of the condition? */Si usted tiene una condicion medica, cuales su condicion o discapacidad:*

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### **AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK**

I agree, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Good Shepherd Services a community-based organization at the Prince Joshua Avitto Community Center ("PJACC"), and its community partners as well as their directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while participating in activities connected with Good Shepherd programs at the Prince Joshua Avitto Community Center, including classes, performances, or other activities. By signing, I certify that I have notified Good Shepherd Services, Directors, and instructors of all known illnesses and medical conditions in the above medical section of this registration form. I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian. Further, I understand and acknowledge that there may be physical contact between directors, employees, staff, instructors and students during certain activities, trainings, workshops, performances associated with classes at PJACC. I understand that at times for proper instruction and safety, physical contact maybe required and necessary. I authorize Good Shepherds Services, through its employees, to take any appropriate steps they deem necessary to protect the safety of myself and other participants and provide medical assistance as needed in the event of an emergency.

I have carefully read this agreement, waiver, release, & assumption of risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it on my own free will. By signing, I also certify that I am at least 18 years of age, a legal adult under New York State law.

I also authorize Good Shepherd Services to take photos and record videos of my child/myself/the minor child for whom I am a legal guardian. If I am signing this in my capacity as the legal guardian of a minor child, I authorize Good Shepherd Services and its community partners to use photos and videos of myself for promotional purposes.

**Print First & Last Name:** \_\_\_\_\_

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

