



THE UNIVERSITY OF TENNESSEE AT MARTIN
IPAP Class Sign-Up Sheet

June class July class

Child's Name _____

Age _____

Birth Date _____

Address _____

Parent(s)/Guardian(s) Name(s) _____

Home Phone _____

Work Phone _____

Emergency Contact Person _____

Relationship to Child _____

Phone _____

INFORMATION CONCERNING HEALTH HISTORY

1. Recent illness (within the last three months) _____
2. Chronic illness or allergies _____
3. Medications taken on a regular basis _____
4. Health insurance company _____



**PARENT/LEGAL GUARDIAN
 CONSENT**

As parent/legal guardian, I certify, to the best of my knowledge, that the above-named person is in good health and has not been exposed to any infectious disease in the past three weeks. I grant my permission for the above-named person to be treated and/or hospitalized by a licensed physician if needed.

Name _____

Signature _____

Date _____

For Office Use Only
Date Paid _____
Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Received by _____
Receipt # _____

Make checks payable to UT Martin
 Office of Campus Recreation
 15 Mt. Pelia Road
 1020 Elam Center
 Martin, TN 38238