



THE UNIVERSITY OF TENNESSEE AT MARTIN

Re-Certification Form

Name _____

Age _____

Birth Date _____

Address _____

Home Phone _____

Cell Phone _____

Email 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 _____



RE-CERTIFICATION

Lifeguarding, First Aid, CPR, and AED \$50

CPR and AED \$25

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

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