

# Otselic Valley Central School District

## Fitness Room

### Participant Information Form

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(# and Street)

\_\_\_\_\_  
(Village/Town) (State) (Zip)

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Emergency: \_\_\_\_\_

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

Sex: Male or Female (circle one)

Are you: Student Faculty/Staff (circle one)

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(FOR FITNESS ROOM STAFF ONLY)

\_\_\_\_\_ Attended Orientation Program

\_\_\_\_\_ Physician's Medical Clearance

\_\_\_\_\_ Informed Consent Form

\_\_\_\_\_ Participant Information Form