

The Managed Guest Program
Examples

Guest Program Application

Before completing this application, please carefully read the *Conditions and Disclosure of Risks*. Then read and sign the *Release From Liability* on its reverse.

Name _____ Age _____ Sex M F DOB _____
Address _____ Soc Sec # (see note) _____
_____ Driver License # _____

Home Phone (_____) _____ Occupation: _____

Work Phone (_____) _____ Business: _____

I have already participated in this program _____ hours during this calendar year,.

Do you have any allergies or reactions to medications: YES NO (circle one)

If yes, describe: _____

Are you taking any drugs or medications: : YES NO (circle one)

If yes, describe: _____

Your Health Insurance Firm: _____

Are there any other medical considerations of which we should be aware during your tag-along. Examples: Fainting or seizure spells, hemophilia, diabetes, bee sting allergy, etc. _____

In Case of Emergency Notify:

Name _____ Relationship _____

Address _____ Phone (_____) _____

Why do you want to tag-along with a **(whatever you call your employees)**? _____

Is there any information you wish to provide before your tag-along that you feel is important or should be brought to our attention? _____

What time of day would you like to participate in the tag-along program? _____

For department use, host's comments (to be completed after tag-along) _____

_____ Date and time of Tag-along _____

Note: Do not require Social Security numbers unless you must have them for background checks.