



# CONEJO RECREATION & PARK DISTRICT

Dear Old Krank Member,

Please complete the following information and mail or drop off the signed application, insurance form and payment of \$10 made payable to G.S.C.C. (Goebel Senior Center Commission) to:

Goebel Adult Community Center  
Attn. Mark Williams  
1385 E. Janss Rd.  
Thousand Oaks, CA

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone # \_\_\_\_\_

## OLD KRANKS BICYCLE CLUB

### LIABILITY LIMITATIONS FORM

With full knowledge and appreciation that bicycle riding is a hazardous activity, I assume all risks attendant thereto and thus release, waive and forever discharge the bicycle club, its sponsors, its volunteers, and involved public entities and their respective officers, employees, agents, representatives, successors, and assigns from any and all liability or responsibility for injuries and /or property damage which I may sustain during any event or in my travel to and from any event and during any club outing. I also attest that I am physically fit and acknowledge that the sponsors require wearing of an official safety helmet when riding a bicycle. Further, I agree to abide by the rules and regulations of the Club, the Conejo Recreation and Park District, the vehicle laws of the State of California, and any municipal laws applicable. The undersigned hereby agrees to defend, indemnify and hold harmless the Conejo Recreation and Park District and its officers, employees and agents against any and all liability charges and expenses in the bicycle club program. The District does not provide liability or worker's compensation insurance. (The District requires participants to purchase AIG Insurance.) I agree to expressly assume the risk of participating in the bicycle club activities. I understand the District retains the right to use photos taken during activities, for publicity purposes.

Insurance: I understand that the Goebel Senior Center Commission Accident Medical (AIG) coverage is a secondary coverage and that I am covered by it only when I am participating in a Goebel Senior Adult Center sponsored program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION FORM

OFFICE USE:  
INSURANCE # - YEAR



GOEBEL SENIOR CENTER COMMISSION  
CONEJO RECREATION & PARK DISTRICT

_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Do you have any health problems that we should be aware of?

High Blood Pressure       Heart Condition       Pace-Maker  
 Difficulty Walking       Diabetes       Poor Vision  
 Poor Hearing       Other: \_\_\_\_\_

Do you take any medications prescribed by a doctor?       No       Yes

Name and dosage taken: \_\_\_\_\_

Do you take any medications that must be administered in the case of an emergency?

No       Yes: Name and dosage taken: \_\_\_\_\_

Are you allergic to any medication?       No       Yes

If yes: (name of medication) \_\_\_\_\_

Do you have any food allergies?       No       Yes

If yes: (please list) \_\_\_\_\_

Personal Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

and/or Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Who should we contact in case of emergency?

Name	Relationship	Phone number	Cell or work number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the Goebel Senior Center Commission Accident Medical coverage is a secondary coverage and that I am only covered by it when I am participating in a Goebel Senior Adult Center sponsored program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Last Name