

THE MAPLE CENTER JUMPSTART PROGRAM REGISTRATION FORM

(PLEASE PRINT LEGIBLY)

Name _____
Last First Middle Initial

Preferred Name on Name Tag _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

FAX: (____) _____ E-Mail _____

Occupation (or former occupation) _____ Employer _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

Primary Physician _____ Phone _____

My first and second health concerns are: Cancer ___ Cholesterol ___ Diabetes ___
Heart Disease ___ Hypertension ___ Weight ___ Other _____

Please list any FOOD ALLERGIES: _____

In Case of Emergency notify: Name _____ Phone (____) _____ - _____

THE MAPLE CENTER JUMPSTART PROGRAM TESTIMONIAL AND PHOTO RELEASE (OPTIONAL)

Please read the release statement and sign below.

PlantPure Nation and The Maple Center, Inc. has my permission to use my name, testimonials, and photos/video documented during the JUMPSTART program. I understand that this release includes the following possible uses by any of the organizations listed above: social media sites, website, newsletter, nonprofit annual report, promotional materials; grant funding documentation; and/or for publicity (print, TV, Radio).

You may withdraw your consent to release any of the above via written notice to The Maple Center Jumpstart Program.

Signature: _____ **Date:** _____