



Member ID _____

Date Registered _____

Personal Contact Information

First Name _____

Last Name _____

Mailing Address & Zip Code _____

Residing Community Area _____

Phone Number _____ **Fax Number** _____

Email Address _____

T-Shirt Size

- Small Medium Large XL 2XL

Other Needs _____

Emergency

Emergency Contact Name _____

Emergency Contact Telephone Number _____

Did you get your physician's approval _____

How did you hear about the program _____

Signature _____

Mail form to 950 E. 61st Street, Room 232, Chicago, IL 60637 or Fax to (773) 702-3193

*For questions or more information, call 773/702-5600
or
E-mail to outreach@uchospitals.edu*