

## EM CERTIFICATION SIGN UP SHEET

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PREFERRED MASS TIME \_\_\_\_\_

SECOND CHOICE \_\_\_\_\_

PHYSICAL LIMITATIONS \_\_\_\_\_