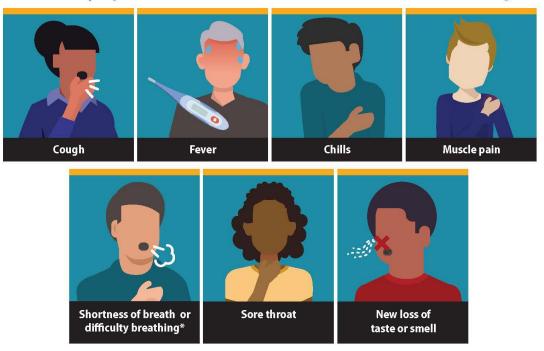


1000 Municipal Drive • PO Box 1539 • Brandon, MS 39043 • 601.824.7095 Angelia Pryor • Coordinator

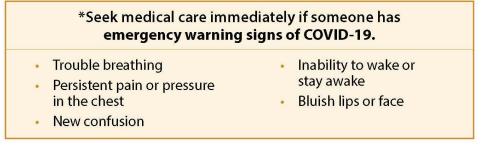
Date:	Email:			
Name:				
Name: First		La	Last	
Gender:	Female Male Birt	hdate:		
Street Ad	dress:			
City		State	Zip	
	-		-	
Home Phone		Cell Ph	Cell Phone	
Medical (Conditions:			
Emergency Contact Information				
Name:		Relationship:	Relationship:	
Phone:				
	Cell	Ho	me	
l am a resid	lent of the City of Brandon. (Please circle ap	propriate answer.) Yes No		
I currently o	r will participate in the following activities: (Check all that apply)		
Fitness Classes or Line Dance (Gentle Joints, Fit Fun, Tai Chi, Yoga, etc)				
Art				
Spanish				
Games (Bingo, Cards, Dominoes)				
Luncheon				
Other (Bible Study, Men's Coffee, Movie, Crochet, Book Club)				
	Waiver	and Agreement		
progr	eby release the City of Brandon from resp am activities and agree to indemnify, def s, and employees from any and all claims	fend, and hold harmless the City of		
of act	erstand that participation in activities ca ivities. I assume all risks and hazards inc nnel to provide necessary medical treatn	cidental to the emergency; I hereby	-	
	Signature of Participant		ate	

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.



This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



cdc.gov/coronavirus

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