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**MCC Bee Club**

**Pre-Participation Health History**

 **(Individuals are not obliged to fill out this Health History form, if you choose to do so, this information will be helpful to the Instructor and will be kept confidential.)**

**Initial Membership \_\_\_\_\_\_\_\_ Membership Renewa1 \_\_\_\_\_\_\_\_\_ (Check One)**

 **Paid - Cash\_\_\_\_\_\_\_\_ Check \_\_\_\_\_\_\_\_**

**Note: Club Membership is $20 per year, it includes use of extracting equipment and a jar of honey during extraction time.**

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical**

Are you allergic to bee stings? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If Yes, Do You carry and Epi Pen? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Is there any medical condition that you may have, that you think would be aggravated by a bee sting?  Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Is there any medical condition that we need to know about if something happens to you?

 Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

**If you answered Yes to any question, please explain**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send checks payable to MCC Bee Club (or stop by the Culinary Dept. and see Chef O’Farrell)**

**Attn: CK 124-1/MCC Bee Club**

**14500 E 12 Mile Rd**

**Warren, MI 48088-3896**

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Signature of Participant Date

**Thank You to Our Sponsors:**

McCaulley Heating & Cooling – Queen Bee Level