



**Chatham Council on Aging**

**Office Use Only**

Date Entered: \_\_\_\_\_

Key Tag Number: \_\_\_\_\_

**Senior Center Registration Form**

How did you find out about us? Walk-in \_\_\_\_\_ Website \_\_\_\_\_ Friend \_\_\_\_\_  
Newsletter \_\_\_\_\_ Newspaper/television \_\_\_\_\_ Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

Ethnicity: Black/African American \_\_\_\_\_ White \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_ Other † \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Relation: \_\_\_\_\_

Are you living in senior housing/apartments? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," what is the name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you live alone? Yes \_\_\_\_\_ No \_\_\_\_\_

Church or other civic organizations that you attend:

\_\_\_\_\_

Employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Not working \_\_\_\_\_

Present or Former Occupation/Career \_\_\_\_\_

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_



# Chatham Council on Aging

Food or Drug Allergies:

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

Medications:

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

Activities you wish to attend:

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

Do you or have had any of the following medical problems?  
**Please check (✓) all that applies.**

Arthritis\_\_\_ Asthma\_\_\_ Back Trouble\_\_\_ Cancer\_\_\_

Chest Pain\_\_\_ COPD \_\_\_ Dementia\_\_\_ Diabetes \_\_\_

Dizziness\_\_\_ Hearing Loss\_\_\_ Heart Condition\_\_\_

Hypertension \_\_\_ Osteoporosis \_\_\_ Parkinson's \_\_\_

Shortness of Breath \_\_\_ Vision Problems\_\_\_

Other: \_\_\_\_\_

Rate your level of independence for the activities below using the following scale:

1 (not independent) 3 (needs some help) 5 (totally independent)

Eating\_\_\_ Dressing \_\_\_ Toileting \_\_\_ Transferring into/out of chair\_\_\_\_ Walking without help \_\_\_\_

## Waiver and Release Form

In order to participate in Senior Center Programs, I have read the policies and procedures and mission and agree to follow all rules and regulations set forth by Chatham Council on Aging (COA). In the event photos are taken, I hereby give permission for COA to publish my picture in promotional literature, including but not limited to, brochures, flyers, newsletter, newspaper and website. I understand and agree that programs can be physically demanding, but I have the physical ability needed to participate. I understand that I participate in the program at my own risk and I confirm that I have consulted my doctor about any physical or emotional conditions that may restrict my participation in the program. I grant permission to COA to obtain any necessary emergency service at my expense should I sustain any injuries. To the fullest extent permitted by law, I agree to indemnify and hold harmless COA and its employees from any injuries or damages caused by or resulting from participation in any program offered by the COA.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_