



**Chatham County Council on Aging**

**Office Use Only**  
Date Entered: \_\_\_\_\_  
Key Tag Number: \_\_\_\_\_

**Senior Center Registration Form**

*The information collected below will be used for in-house purposes only and kept confidential.*

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): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Verified: Yes \_\_\_ No \_\_\_

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 Relationship: \_\_\_\_\_

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 \_\_\_

Are you the spouse of a veteran? Yes \_\_\_ No \_\_\_



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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: \_\_\_\_\_

*Health information could be shared with emergency services.*

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, procedures and mission and agree to follow all rules and regulations set forth by Chatham Council on Aging (COA). 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.

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. Initial \_\_\_\_\_

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. Initial \_\_\_\_\_

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

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