

**Division of Senior, Disabilities and Veterans' Services**  
**Senior Health and Fitness Program**  
**Registration Form**



**PERSONAL INFORMATION**

Name (Please PRINT): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_

Last First M.I.

Daytime Phone: ( ) Cell Phone: ( )

**CLASS REGISTRATION**

Class	Instructor	Day/Time	Onsite	Offsite (Location)	Virtual

Staff initials \_\_\_\_\_ Today's Date: \_\_\_\_\_ Fee Based Classes: Purchased Punch Card \_\_\_\_\_

Senior Center Membership Form Completed \_\_\_\_ (check here)