



Chatham County Aging Services

Office Use Only

Date Entered: _____

Key Tag Number: _____

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 ___



Chatham County Aging Services

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 County Aging Services. I grant permission for Aging Services 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 Aging Services and its employees from any injuries or damages caused by or resulting from participation in any program offered by Chatham County Aging Services.

In the event photos are taken, I hereby give permission for Aging Services 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: _____