

## City of Avondale Community Center Participant Registration Information

Joining our program is easy. Simply fill out these forms and you will qualify for our congregate meal program (at the requested donation amount), exercise and wellness programs, excursions, and other social activities. We are looking forward to having you as a participant of our programs and hope you will enjoy all of our activities. If you have any questions, feel free to contact us at (623) 333-2705

Participant Information			
Last Name:		First Name:	
Sex:		Birthdate:	
Phone Number:			
Alternate Phone Number:			
Address:			
City:		State:	Zip
Days Coming to Center:		M   T   W   Th   F	
Need Transportation?		Yes      No	
Allergies:			
Medical conditions or special needs:			
Medications:			
<i>Please Circle Answers</i>			
Family Setting	Lives Alone		Monthly Household Income: _____
	Lives with Spouse		
Family Setting	Lives with Extended Family		Number of people living in house: _____
	Lives with Non-Family		
	Multi-Generational		
Ethnicity	Hispanic		Do you have a Disability    Yes    No
	Not Hispanic or Latino		
	Unknown		
Race	White		Marital Status
	Native American		
	Asian		
	Black		
	Hawaiian/Pacific Islander		
	Other		
		Married	
		Divorced	
		Never Married	
		Divorced	
		Widowed	
		Separated	
<b>Emergency Contact Information (2 Required)</b>			
Primary Emergency Contact:		Secondary Emergency Contact:	
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Phone Number: _____		Phone Number: _____	
Alternate Phone: _____		Alternate Phone: _____	

<b>Nutritional Survey: Please circle the number of all that apply and total the score at the bottom.</b>	
I have an illness or condition that has made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs per day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook, and/or feed myself.	2
<b>TOTAL SCORE</b>	

**Participant Program, Transportation, and Day Trip Waiver**

*Polices & Procedures:* I acknowledge that I will abide by the Avondale Senior Center Policies and Procedures. A copy of the policies and procedures is available upon request or to view at the Community Center. I understand and acknowledge that the City of Avondale has the right, without prior notice, to modify, amend or terminate any program policies and procedures.

*Day Trips:* I understand that while on any active adult excursions, I must abide by all establishment procedures, I must not leave the site without the knowledge of the chaperone, and I must try to be in the company of another participant while on the trip.

*Release of Information:* I authorize the City of Avondale Neighborhood and Family Services Department to release necessary information to necessary police representatives in the need of a welfare check and to funding agencies such as the Area Agency on Aging for audit purposes.

*Media Release:* The City of Avondale is permissible (unless indicated otherwise by the participant) to record ones likeliness and or voice for use by television, film, radio, or print media to further the aims of the Neighborhood and Family Services Department programs in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

*Hold Harmless Agreement:* I, the undersigned participant, do hereby agree to participate and/or allow the individual named herein to participate in the abovementioned program and further agree to indemnify and hold harmless the U.S. Government, City of Avondale, Maricopa County its agents and employees from harm, accidents, personal injury (including death) or property damage which may be suffered by the abovementioned individual arising out of, or in any way connected with the participation of the activity.

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