

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)