Windsor Locks Senior Center
Client Enrollment Form

Date: _____ Circle One: New or Renewal

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

City _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Are you a Veteran? Y or No

Do you have any allergies? Yes ☐ No ☐ If yes, please list: _____

Do you have a service animal? Yes ☐ No ☐ Respirator or portable oxygen Yes ☐ No ☐

Wheelchair Used? Yes ☐ No ☐

Emergency Contact Information:

Name: _____

Relationship: _____

Address: _____

City/State: _____

Home # _____

Work #: _____ Cell #_____

FITNESS INSURANCE COVERAGE

SILVER SNEAKERS #

_____

RENEW ACTIVE #

_____

Please Circle: Chair Yoga Active Aerobics Water Fitness Tai Chi

Senior Stix W.L.O.C.K.'s Fitness Center

Exercise/Fitness Program Waiver of Liability

I,_____ hereby release Windsor Locks Senior Center and its respective employees and agents from any and all liability or responsibility of any injury to me which arises either directly or indirectly as a result of my participation in any exercise or fitness program offered, conducted, sponsored or recommended by Windsor Locks Senor Center or its employees or agents.

I acknowledge that my participation in these activities is purely voluntary, that participation is undertaken at my own risk, and that I have been advised by Windsor Locks Senior Center to consult with my doctor before participating in any of these activities.

Signature: _____ Date: _____