

Windsor Locks Senior Center

519 Spring Street

FOB#

Date: _____

First Name: _____

Last Name: _____

Address: _____

Date of Birth: _____

City _____ State: _____ Zip _____

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 #

SILVER & FIT#

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 Senior 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: _____