

The First Presbyterian Church of Cranbury
22 South Main Street
Cranbury, NJ 08512
609-395-0897

SENIOR EXERCISE REGISTRATION FORM

DATE _____

NAME _____

ADDRESS _____

PHONE _____ SEX M F

E-MAIL ADDRESS _____

CELL PHONE NUMBER _____

In the event that I would need medical care, contact:

NAME _____ PHONE _____

ADDRESS _____

Relationship to me is: _____

DOCTOR _____ PHONE _____

ADDRESS _____

If given a choice, I prefer to go to _____ hospital.

_____ My doctor is aware that I will be involved in the exercise program and has stated no objection.

Check all of the following, which apply to you:

_____ I am over age 55

And I meet at least one of the following requirements in order to participate in this class.

_____ I am a member of First Presbyterian Church of Cranbury

_____ I am a resident of Cranbury Township (not just using Cranbury mailing address)

_____ I used to live in Cranbury before moving to other senior living option

_____ I was a member of senior exercise on April 10, 2006 when enrollment was closed