



# APPLICATION FORM

Participant's Name:	Participant's Telephone:
Participant's Address:	Male:                  Female:
P.Code:	Age:                  Date of Birth:
Who do you live with?	Relationship to person you live with:
Physician's Name:	Physician's Phone:
Why do you want to join First Light Social Club?	What are your interests or hobbies?
Do you have any physical limitations (i.e. walker, difficulty eating, toileting, prone to falls, etc)	Do you have any dietary restrictions?
Are you able to participate in activities such as walking, exercises, etc?	Do you need assistance with personal care? If yes, please describe:
Do you have any other health problems? (diabetes, allergies, etc)?	Any other comments?
<b>PERSONS TO CONTACT IN CASE OF EMERGENCY:</b>	
1. Name:	Home#                  Cel#
2. Name:	Home#                  Cel#

I hereby state that, to the best of my knowledge, all information given above is true and accurate.  
I agree to abide by First Light Social Club Policies and Procedures.

Print Name \_\_\_\_\_

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

Did you need help to fill out this form? \_\_\_\_\_ If yes, who helped you? \_\_\_\_\_

**First Light Social Club Society**