



Participation Form

Please complete and return the following information for our records. The medical information is for your protection in case of a medical emergency. **A donation is always accepted and greatly appreciated, but is not required for participation. Our suggested donation is \$10 per person yearly.**

Last Name: _____

First Name: _____ Spouse's First Name: _____

Phone Number: _____ Spouse's Phone Number: _____

Alternate Number: _____ Spouse's Alternate Phone Number: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Birthday: ____/____/____ Spouse's Birthday: ____/____/____

Email Address: _____

Would you like to receive your newsletter via:

- Mailed
- Emailed
- Pick up in center only

Optional Information:

Race/Ethnicity: _____

Head of Household: Yes _____ No _____

Lives Alone: Yes _____ No _____

Emergency Contact:

Name: _____ Relation: _____

Phone Number: _____ Alternate Phone Number: _____

Preferred Hospital: _____

Life Threatening Allergies: _____

Is there any other medical information you think we should know?

I understand the information provided above will be kept confidential. In case of medical emergency, medical information will be released to appropriate personnel. I also understand that information provided will be used by the center in tabulation of required funding reports to, Genesee County Senior Services Millage, Community Development, and any future funding sources.

Signature: _____ Date: _____

This program and/or service is fully or partially funded by Genesee County Senior Millage funds. Your tax dollars at work.



