

SWARTZ CREEK AREA SENIOR CITIZENS, INC.

Participation Form

Please complete and return for our records. The medical information is helpful in an emergency at the center or on a trip. A yearly donation of \$10.00 per person is requested.

Last Name: _____

First Name: _____ Spouse's First Name: _____

Cell Phone: (____) _____ Spouse's Cell Phone: (____) _____

Home Phone: (____) _____

Address: _____ Apt # or PO # _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ School District: _____

Would you like Newsletter: Mailed? _____ E-mailed? _____ Pick up at center? _____

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

Physician: _____ Physician's Phone: (____) _____

Diabetic: Yes ___ No ___

Heart: _____ Other: _____

Life Threatening Allergies: _____

Spouse's Physician: _____ Physician's Phone: (____) _____

Diabetic: Yes ___ No ___

Heart: _____ Other: _____

Life Threatening Allergies: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

OPTIONAL: Please Check.

Race/Ethnicity: ___White ___Black ___Hispanic ___Asian/Pacific Islander ___American Indian/Alaskan Native

Head of House: Yes ___ No ___ Lives Alone: Yes ___ No ___

I understand the information provided above will be kept confidential, unless there is a medical emergency at which time it may be released to the emergency responder. I also understand 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 programs and/or service is fully or partially funded by Genesee County Senior Millage Funds.
Your tax dollars at work.



Revised 8/14/2020