



**TELEGRAPH HILL NEIGHBORHOOD CENTER (“TEL HI”)
Senior Program Registration Form**

PARTICIPANT SECTION:

Last Name		First Name		Middle Initial	Age	Date of Birth (mm/dd/yyyy) _____ _____ _____ _____
						Gender <input type="checkbox"/> Male or <input type="checkbox"/> Female
Official Name (if different from above)			E-mail Address (Can we email you upcoming events/activities? <input type="checkbox"/> Y or <input type="checkbox"/> N)			
Address		Apt #		City	Zip Code	Birth Place (city)
Home Phone				Cell Phone		
In case of emergency please notify Name:				Relationship to you:		
Address:				Contact number:		
What program activities are you interested in: <input type="checkbox"/> Senior Yoga <input type="checkbox"/> Meal Program <input type="checkbox"/> Outings/Field Trip <input type="checkbox"/> Art Programs <input type="checkbox"/> Tai chi & Qigong <input type="checkbox"/> Health Screenings <input type="checkbox"/> Healthy Aging Classes <input type="checkbox"/> Social Games (ex.Bingo) <input type="checkbox"/> Line Dance <input type="checkbox"/> Resource and Referrals <input type="checkbox"/> Computer Literacy Classes <input type="checkbox"/> Wellness/Nutrition Workshops <input type="checkbox"/> Others: _____				Please list any current medications, medical conditions, recent injuries, and food or drug allergies: 		

The information below is confidential and used for data collection only:

Race/Ethnicity (Check one)

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> American | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | ___ European |
| ___ Chinese | <input type="checkbox"/> Native Alaskan | ___ Other: _____ |
| ___ Filipino | <input type="checkbox"/> Multiracial/ Multiethnic | |
| ___ Other: _____ | <input type="checkbox"/> Other: _____ | |

Home Language

- English
 Cantonese
 Mandarin
 Spanish
 Tagalog
 Other: _____

English Fluency

- Fluent
 Somewhat Fluent
 Not Fluent

How did you know about us?

- Family Friend Website Walk-in
 Community Centers/Agencies (please specify) _____ Flyer/Brochure at: _____

Annual Household Income (check one)

- Under \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000 \$40,001 - \$50,000
 \$50,001 - \$60,000 Over \$60,001



Welcome to Telegraph Hill Neighborhood Center (“TEL HI”). Please read carefully and sign below. Thank you.

AGREEMENT FORM

As a program participant at Telegraph Hill Neighborhood Center (“TEL HI”), I agree to the following:

For Emergency Treatment

I authorize the Senior Program and Telegraph Hill Neighborhood Center (TEL HI) to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant’s care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant’s health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the Senior Program and TEL HI in conjunction with any authorized event.

For Dance, Health and Fitness Class Participation

I recognize the dance, health, and fitness programs require physical exertion that may be strenuous and can cause physical injury. I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to beginning any dance, health or fitness classes.

I warrant that I am physically fit and have no medical condition that would prevent my full participation in the classes. I understand that while the instructors are trained dance, health, and fitness professionals, their advice is not to supersede the advice of a physician. I agree to mention any changes in my medical condition to my instructor before the start of each class. This includes but is not limited to sprains, strains, common colds, flu, and pregnancy.

General Release of Liability

In consideration for being allowed participant privileges in any program of the Senior Program and TEL HI, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless the Senior Program and TEL HI, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the Senior Program and TEL HI and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

Community Field Trips

The Senior Program may provide short field trips on certain occasions. While taking part in field trips I release the Senior Program and TEL HI from responsibility for any risk of bodily injury, death, or property damage as covered in the “General Release of Liability.”



Media Release

The Senior Program and TEL HI documents program activities which help assist in obtaining funding to support programs. I hereby consent to the use of my name, likeness and speech in any audio tape, video tape, film or photograph made in any Senior Program and TEL HI activity for the business or publicity purposes of the Senior Program and TEL HI and its partners. I understand that any participation offers no remuneration and that my name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release the Senior Program and TEL HI its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

Adult Participant Agreement

I hereby agree to all rules and guidelines as stated by Telegraph Hill Neighborhood Center (“TEL HI”). I will only participate in organized adult programming activities supervised by TEL HI staff and volunteers. I will only be present on school grounds and community sites during adult programming hours. I will NOT have interaction with any child or youth, except in joint TEL HI programs or events.

I acknowledge that this general release of liability of the Telegraph Hill Neighborhood Center (“TEL HI”) is binding on me personally and not on my heirs, personal representatives, successors, and assigns. I understand and agree to the policies stated above.

Participant Signature

Date

STATEMENT OF CONFIDENTIALITY: The information provided herein or in attachments hereto will be kept strictly confidential. Telegraph Hill Neighborhood Center (“TEL HI”) will not release any specific information to any person. Summarized, aggregate information will be used by the Senior Program/TEL HI for program evaluation and funding purposes only.