

MY SENIOR CENTER
REGISTRATION CARD

NAME: _____

Date of Birth: _____ GENDER: Male Female

ADDRESS: _____

PHONE #: _____

CELL #: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

RELATION: _____ PHONE #: _____

ETHNIC STATUS: (Please circle one)

African American

Asian American

Caucasian

Hispanic

Native American

Other

MEDICAL ISSUES: _____

ALLERGIES: _____

LIVES WITH: _____

In case of an emergency, I authorize my medical information to be released to emergency medical technicians (EMT's).

Signature

Date