PARTICIPANT REGISTRATION FORM

First Name_____ Middle Initial _____ Last Name _____

Preferred Name _____ Gender ☐ Female ☐ Male

Date of Birth _____/_____/_____

Age Verification Documentation ☐ Driver's License ☐ Other ☐ Self-Declared (sign Age Affidavit below)

Age Affidavit: I declare that I am 60 years of age or older _____

Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Mailing Address, if different from above: _____

City: _____ State: _____ ZIP: _____ County: _____

Email: _____

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race ☐ American Indian/ Alaskan Native ☐ Asian
☐ Black/ African American ☐ Native Hawaiian/ Other Pacific Islander
☐ Non-Minority (White, Non-Hispanic) ☐ White, Hispanic
☐ Other (Specify) _____

Does the client understand English? ☐Yes ☐No If not which language does client speak? _____
Do you have a disability that limits activities such as mobility or self-care? ☐Yes ☐No
Is your household income below poverty level? (see chart) ☐Yes ☐No

Emergency Contact _____ Emergency Contact Phone _____
Do you live alone? ☐Yes ☐No Are you a Veteran? ☐Yes ☐No

I understand that the center/site has a grievance procedure posted that will tell me how to lodge a complaint in the event that I feel I am being discriminated against due to my race, creed, color, sex, age, or national origin. I understand that the information on this form may be used in statistical reports and I hereby give my permission to use the information collected about me if it does not identify me personally by name.

Year 1: Name _____ Date _____

Year 2: Name _____ Date _____

Year 3: Name _____ Date _____

Clarksville Montgomery County Ajax Turner Senior Citizens Center

Confidential Medical History Form

Will be used only in case of emergency

Today's date: _____ Participant: _____

Age: _____ Date of Birth: _____

Medical doctor: _____ Phone: _____

Present problems:

Chief complaints: _____

_____

_____

Have you ever had/have problems with any of the following?

Please circle all that apply.

Heart attack	**Heart disease**	**High blood pressure**	**Asthma**
Stroke	**Seizures**	**Lung Disease**	**Anemia**
Kidneys	**Head injury**	**Diabetes**	**Liver/jaundice**
Cancer	**Migraines**	**Tuberculosis**	**Stomach ulcers**
Anesthesia	**Pace Maker**	**Defibrillator**	**Bleeding Disorder**
Tens Unit			

Treatment: _____

_____

_____

Previous surgeries: _____

_____

_____

Medications*	**Dosage***	**Conditions for medication prescribed***
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Attach additional information**

Do you have any allergies or to medications? _____

Are you right-handed or left-handed ? _____

Emergency Contact_____

Home#_____ Work#_____ Cell#_____

I have authorized the release of this information in case of emergency needs! Yes____

No____

HOLD HARMLESS AGREEMENT

I (print name)_____agree to hold harmless the Clarksville Montgomery County Ajax Turner Senior Citizens Center, (hereafter called the Center), The City of Clarksville, its agents, employees or any other person against loss or expense including attorney(s) fees, by reason of the liability imposed by law upon the Center and/or the City, except in cases of the Center's and/or the City's sole negligence, for damages because of bodily injury, including death at any time resulting there from, sustained by any person or persons, or on account of damage to property arising out of or in consequences of my actions, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of the Center and or the City, its employees or agents, or any other person.

_____ _____

Signature of Participant or Guardian Date