

## Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Suffix: \_\_\_\_\_

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Ethnic Status: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Address 2: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Disabilities if any: \_\_\_\_\_

Allergies if any: \_\_\_\_\_

Head of House: Yes  No  Lives Alone: Yes  No

Primary Language: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency Relation: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Silver Sneakers? Yes  No  Healthways ID: \_\_\_\_\_

Silver & Fit? Yes  No  Silver & Fit ID: \_\_\_\_\_

Senior Dine Program? Yes  No  Healthways ID: \_\_\_\_\_

Joined Date: \_\_\_\_\_

Add to Mailing List? Yes  No

## Hobbies/Interests

Check all that Apply

- |   |   |
|---|---|
| <input type="checkbox"/> Animals          | <input type="checkbox"/> Games            |
| <input type="checkbox"/> Antiques         | <input type="checkbox"/> Gardening        |
| <input type="checkbox"/> Automobiles      | <input type="checkbox"/> Home Maintenance |
| <input type="checkbox"/> Buying & Selling | <input type="checkbox"/> Learning         |
| <input type="checkbox"/> Collecting       | <input type="checkbox"/> Outdoors         |
| <input type="checkbox"/> Community        | <input type="checkbox"/> Painting         |
| <input type="checkbox"/> Computers        | <input type="checkbox"/> People           |
| <input type="checkbox"/> Crafts           | <input type="checkbox"/> Reading          |
| <input type="checkbox"/> Dining Out       | <input type="checkbox"/> Sewing           |
| <input type="checkbox"/> Entertainment    | <input type="checkbox"/> Singing          |
| <input type="checkbox"/> Exercise         | <input type="checkbox"/> Sports           |
| <input type="checkbox"/> Finance          | <input type="checkbox"/> Travel           |
| <input type="checkbox"/> Food             | <input type="checkbox"/> Volunteer        |
| <input type="checkbox"/> Gambling         | <input type="checkbox"/> Writing          |

Other: \_\_\_\_\_

## Hobbies Description