

**PARTICIPANTS
MUST BE AGE 50
OR OLDER**

Clovis Senior Activity Center
Confidential Form/Emergency Contact Information
850 4th St., Clovis, CA 93612 (559) 324-2750
www.cityofclovis.com

Senior's Name: (Please print) _____ Male Female Veteran: Yes No

Address: _____ Apt # _____ City _____ ZIP Code _____ Phone # _____

Email: _____ Birthdate:(mo) _____ (day) _____ (year)19 _____ Age _____

Doctor/Clinic: _____ Phone: _____ Are you disabled? Yes No

Medications: _____

Health &/or Nutrition Problems: _____

Medical Coverage: Medi-Cal Medicare Other _____ Do you live alone? Yes No

Race/Ethnicity: White Hispanic Black Asian American Indian Other _____

EMERGENCY INFORMATION: In the event of an emergency, please contact:

Name _____ Relationship _____ Phone # _____ Phone # _____

In case of emergency, I authorize the Clovis Senior Activity Center and the City of Clovis to release a copy of this form and/or the information contained thereon to appropriate health care provider and/or emergency response personnel. I authorize the Clovis Senior Activity Center to summon emergency services via 911 on my behalf in case of sudden illness. I understand I may be charged a fee by the emergency services provider for their response.

I understand that the Clovis Senior Activity Center is an independent participation facility and is not an adult day care facility or an assisted living facility.

(please check) I consent to be photographed by a representative of the Clovis Senior Activity Center for the purposes of Senior Activity Center publications. (i.e. website, newsletter called NEWSWAGON), and program events.

SIGNED: _____ **DATE:** _____

PLEASE CHOOSE ONE OF THE OPTIONS BELOW:

I would like the monthly newsletter **mailed to my home address** Yes No

I would like the monthly newsletter **emailed to my email address above** Yes No

I would like to **pick up** the monthly newsletter at the Senior Activity Center Yes No

**PLEASE
TURN OVER
AND sign Code of
Conduct**