

**PARTICIPANTS
MUST BE AGE 50
OR OLDER**

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

Senior's Name: (Please print) _____ Male Female Decline to State

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

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

Cell Phone # _____ Home Phone # _____

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

Are you disabled? Yes No Do you live alone? Yes No Are you a Veteran: 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 the 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 SILVER STREAK, and the City of Clovis social media channels), 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