



PARTICIPANT INFORMATION FORM

EASTERN AREA
AGENCY ON AGING

Date: _____

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Gender: _____

E-mail: _____ Date of birth: _____

In the event of a last minute class change or cancellation, how should we contact you with an automated message (please choose one)?

OR text me at: _____
leave me a voicemail at: _____

Annual Household Income: _____

How many people live in your household (including yourself)?

Adults 18 and over: _____ Children under age 18: _____

Please select one or more of the following that best defines your race and ethnicity:

- White
- Black
- Asian
- American Indian/Eskimo/Aleut
- Hawaiian/Pacific Islander
- Hispanic/Latino

Program choice(s):

- EnhanceFitness®
- Senior Strength
- Tai Chi Intro 2 3
- Arthritis Foundation Exercise
- Yoga
- Line Dancing
- Painting & Crafting Classes
- A Matter of Balance
- Game Day
- CPR/AED class
- _____

Emergency Contact Information:

1) Name: _____

Relationship to you: _____

Phone: _____

2) Name: _____

Relationship to you: _____

Phone: _____

How did you hear about us?

I _____ **agree** OR _____ **decline** to allow Eastern Area Agency on Aging to use my name or likeness (photo) or audio for any purposes they see fit in their Public Relations/Marketing/Social Media materials, including but not limited to posting on EAAA's website, newspapers, and television advertisements. EAAA retains sole copyright to said likeness and may use it in any form now and in the future. I understand I will receive no monetary gain from this use.

I, (print name here): _____, hereby acknowledge that all of the above information is true. I release the Eastern Area Agency on Aging and all of its agents from all liability for any accident, injury or damages of any kind to persons or property that might occur while I participate in any Eastern Area Agency on Aging programs.

Signature

Date