

Name _____	Phone _____
Address _____	Email _____
City, St, Zip _____	DOB _____

Ciccotti Center Member (circle one) Yes No Member # _____

Emergency Contact Information

Name _____	Phone _____
Relationship _____	

How did you learn about Senior Fit? _____

With knowledge that this activity may be strenuous, and that the Colonie Senior Service Centers, Inc. and the Ciccotti Center have advised that a physician be consulted prior to participating in any recreation programs, I have chosen to participate and by reason of my participation in this program, I do so at my own risk. If I should take ill or have an accident while I am participating due to no negligence on part of Colonie Senior Service Centers, Inc., its employees, agents or volunteers, I release all from any claim of damage or injury resulting there from. By signing below I also acknowledge I have read this entire statement which applies to the program listed above, and understand fully its contents.

Participant Signature: _____ **Date:** _____

Print Name: _____

For Office Use Only

This member has been certified as eligible for membership in the Senior Fit program.

_____	_____
Enrollment Date	Staff Signature

	Print Staff Name