



# Lifetime Connections Without Walls

Building a Community Over the Phone

## WINTER 2019 REGISTRATION FORM

Winter 2019 Session: January 7 – April 5

- To register by **phone**, please call 1-888-500-6472
- To register by **email**, please email form to lcww@familyeldercare.org
- To register by **mail**, please mail form to LCWW, Family Eldercare, 1700 Rutherford Ln. Austin, TX 78754

Participant Information				
<b>Name:</b>		<b>Date:</b>		
<b>Phone number(s):</b>		<b>Email:</b>		
<b>Address:</b>		<b>City:</b>	<b>State:</b>	
<b>County:</b>		<b>Zip code:</b>		
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated				
<b>DOB:</b>	<b>Age:</b>	<b>Ethnicity/Race:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline	<b>Veteran Status:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please write your monthly income on the line next to the corresponding percentage amount.</b> <i>This helps us determine your registration fee.</i>				
<b>Individual Monthly Income:</b>		<b>Couple Monthly Income:</b>		
100% of the FPL (up to \$1,012/mo): _____		100% of the FPL (up to \$1,372/mo): _____		
150% of the FPL (up to \$1,518/mo): _____		150% of the FPL (up to \$2,058/mo): _____		
200% of the FPL (up to \$2,023/mo): _____		200% of the FPL (up to \$2,743/mo): _____		
Decline to answer: _____		Decline to answer: _____		
<b>Do you have a computer or tablet?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you use the internet?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you use the computer for any activities?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Please list activities or games you play on the computer:</b>				
<b>Please list your hobbies or interests:</b>				
Lifestyle Information				
<b>Do you live:</b>				
<input type="checkbox"/> Alone <input type="checkbox"/> With spouse <input type="checkbox"/> With spouse & other family <input type="checkbox"/> With family, not spouse				
<input type="checkbox"/> Nursing <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> With full-time Caregiver <input type="checkbox"/> Other _____				
<input type="checkbox"/> Own Home/Trailer <input type="checkbox"/> Rent House/Apt/Trailer <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 <input type="checkbox"/> Facility				
<b>Number in household including yourself:</b> _____				
<b>Do you use any of the following assistive devices?:</b>				
<input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Scooter <input type="checkbox"/> Wheelchair <input type="checkbox"/> Oxygen Tank <input type="checkbox"/> none				
Emergency Contact Information				
<b>Name:</b>		<b>Relationship:</b>		
<b>Phone:</b>		<b>Email:</b>		

**Please select the classes you are interested in and *SEND BACK*, so that we can get you registered. Please make note of the classes you've registered for and mark the enclosed calendar.**

- Across the Miles
- Armchair Traveling
- BINGO
- Brain Aerobics
- Brain Health
- Bullock Museum Tour
- Chair Yoga
- Coffee Talk
- Gratitude & You
- Healthy Eating Habits
- Honoring MLK Jr.
- Insurance Assurance
- Medicare Minutes
- Moon Landing
- Movie Chat
- Name That Tune
- Pet Tales
- Pioneer Museum Tour
- Read Aloud
- Share & Learn
- Spring 2019 Sneak Peek
- Stay Smart
- Story Café
- The Truth About St. Patrick
- World Studies with Ya

**\*Requires a Physical Activity Release of Liability Form to participate. (Please see page 4.)**

**Comments:**

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**PAYMENT FORM**

- **To pay by phone**, please call 1-888-500-6472
- **To pay by mail**, please mail form to LCWW, c/o Family Eldercare, 1700 Rutherford Ln. Austin, TX 78754

**I am registering:** (Please check one.)

- Myself                       On behalf of a parent                       On behalf of a spouse  
 On behalf of a friend                       Other: \_\_\_\_\_

***If you are submitting this form on someone’s behalf, please include your information:***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Registration Fee:** (Please check one.)

- \$10** This allows you to sign up for unlimited classes during the winter session.
- \$0** There is no registration fee if you meet the 200% FPL low-income eligibility guidelines listed on page one and you live in Travis or Williamson County, Texas.
- \$3** Suggested donation amount if you meet our low-income eligibility guidelines, *but* are able to contribute some.

**Registration Payment Type:** (Please check one.)

- Check**  
\*\*\*Please make check payable to “Family Eldercare” and on the memo line, please write “LCWW Registration Fee”.\*\*\*

- Money Order**

- Credit Card**

Please circle credit card type:    Visa    American Express    MasterCard    Discover

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-digit security code on back of card: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**PHYSICAL ACTIVITY RELEASE OF LIABILITY FORM**

I understand that the “Chair Yoga” class, event or program (“Class”) is not sponsored by Family Eldercare and will not be supervised or taught by a Family Eldercare employee or agent. The instructor of the class is an independent contractor and Family Eldercare does not control and is not responsible for the instructor’s actions.

The goal of “Chair Yoga” is to help you strengthen and stretch your muscles. The central physical activity of this class is sitting and moving your arms and legs as instructed. There may be standing as well. Please perform the exercises to your preference and comfort level. You should consult your physician or other health care professional before starting this or any other fitness program to determine if it is right for your needs.

By signing or verbally confirming to this document,

I, on behalf of myself, agree to indemnify and hold harmless Family Eldercare and the officers, employees and agents of the organization from all claims, damages or causes of action, including but not limited to claims or lawsuits for any alleged injuries, that may arise out of my participation in this Class.

I understand that it is my responsibility to consult with a medical professional before starting this or any other fitness program.

I understand that by signing or verbally confirming to this document, I release Family Eldercare and their officers, employees or agents from any liability related to the Class.

**Participant Name** (please print): \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_