



# 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			
Name:		Date:	
Phone number(s):		Email:	
Address:		City:	State:
County:		Zip code:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated			Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No
DOB:	Age:	Ethnicity/Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline

Monthly Income Amount: \$ \_\_\_\_\_

Income Source: (Social Security, SSI, pension, etc.) \_\_\_\_\_

*These questions about your income help us determine your registration fee and it provides important information requested by our program's grant funder. Thank you.*

Do you have a computer or tablet?:  Yes  No      Do you use the internet?:  Yes  No

Do you use the computer for any activities?:  Yes  No

Please list activities or games you play on the computer:

Please list your hobbies or interests:

### Lifestyle Information

Do you live:

Alone  With spouse  With spouse & other family  With family, not spouse

Nursing facility  Assisted Living facility  With full-time caregiver  Other \_\_\_\_\_

Own Home/Trailer  Rent House/Apt/Trailer  Public Housing  Section 8  Facility

Number in household including yourself: \_\_\_\_\_

Do you use any of the following assistive devices?:

Cane  Walker  Scooter  Wheelchair  Oxygen Tank  none

### Emergency Contact Information

Name:

Relationship:

Phone:

Email:

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, so that you'll recall which classes you've registered for.**

- 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 and complete this form.

**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 your income is less than 200% of the Federal Poverty Limit (*for individuals, this is less than \$2,083/month; for couples, this is less than \$2,818/month*) and you live in Travis or Williamson County, Texas.  
 **\$3** This is the suggested donation amount if you meet our low-income eligibility guidelines, *but* are still 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:** \_\_\_\_\_