

**REGISTRATION FORM**  
**Summer 2020 Term: July 6 – October 2**

**Please complete all pages and return by mail, email, or call us.**

*\*If you're renewing, you can just fill out your name, current income, and any updates you may have.*

**MAIL:** LCWW, c/o Family Eldercare, 1700 Rutherford Ln., Austin, TX 78754

**EMAIL:** [lcww@familyeldercare.org](mailto:lcww@familyeldercare.org)

**PHONE:** (512) 483-3575

|   |  |               |  |  |  |
|---|--|---------------|--|--|--|
| <b>Name:</b>  |  |               | <b>DOB:</b>  |  |  |
| <b>Address:</b>   |  |               |  |  |  |
| <b>City:</b>  |  | <b>State:</b> |  | <b>Zip Code:</b>   |  |
| <b>County:</b>  |  |               |  |  |  |
| <b>Phone number you want to use for sessions:</b>   |  |               |  |  |  |
| <b>Email:</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>Military Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                |  |
| <b>Ethnicity/Race:</b><br><input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____  |  |               |  | <b>Gender:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline |  |
| <b>Monthly Income Amount:</b> \$ _____  |  |               |  |  |  |
| <b>Source of Income:</b> (example: Social Security, SSI, pension) _____   |  |               |  |  |  |
| <i>These income questions help us determine your registration fee and provides information requested by our grant funder.</i>   |  |               |  |  |  |
| <b>Do you live:</b><br><input type="checkbox"/> Alone <input type="checkbox"/> With spouse <input type="checkbox"/> With spouse & other family <input type="checkbox"/> With family, not spouse<br><input type="checkbox"/> With full-time caregiver <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other _____ |  |               |  |  |  |
| <b>Do you:</b><br><input type="checkbox"/> Own your home <input type="checkbox"/> Rent your home <input type="checkbox"/> Live in subsidized housing  |  |               |  |  |  |
| <b>Do you have any of the following impairments?</b>  |  |               |  |  |  |
| <b>Mobility:</b> <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Power wheelchair/scooter   |  |               |  |  |  |
| <b>Hearing:</b> <input type="checkbox"/> Low hearing <input type="checkbox"/> Deaf  |  |               |  |  |  |
| <b>Vision:</b> <input type="checkbox"/> Low vision <input type="checkbox"/> Blind   |  |               |  |  |  |
| <b>Other pertinent health information:</b><br>_____   |  |               |  |  |  |
| <b>Emergency Contact:</b>   |  |               |  |  |  |
| Name:   |  |               |  |  |  |
| Relationship:   |  |               |  |  |  |
| Contact info (phone/email):   |  |               |  |  |  |
| <b>Please tell us about your interests and hobbies:</b><br>_____  |  |               |  |  |  |
| <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>Please list activities you use the computer for:</b><br>_____  |  |               |  |  |  |

**SESSION SELECTION**

**Summer 2020 Term: July 6 – October 2**

Below are the sessions for our SUMMER 2020 term. **Please select the sessions you want to register for and SEND BACK**, so that we can get you registered. Please use the enclosed calendar to mark the sessions you've registered for, to help you keep track.

- Across the Miles
- Armchair Traveling
- Austin Bats
- Austin Opera: Handel
- BINGO
- Borneo
- Brain Aerobics
- Caring For Those With Dementia
- Coffee Talk
- COVID Info Session
- COVID Updates Austin Public Health
- COVID: Coping During This Time
- Fall 2020 Sneak Peek
- Garden Talk
- Gratitude
- Grief and Loss Support Group
- Just Be Jewish
- Let's Sing! Broadway Favorites
- Living Well with Vision Loss
- Medicare Minutes
- Movie Chat
- Museum Tour: Come Spy With Me
- Museum Tour: Zohar Studios
- Name That Tune
- Reminiscing Series with ACC Students
- Share & Learn
- STEAM Machine
- Story Café
- TED Talk
- Voting in the 2020 Election
- Weird & Wonderful Work
- Writing Workshop
- Yoga

For office use only:

- G  RC  U  Pmt  WL \_\_\_\_\_  
 AASC  Excel

**PHYSICAL ACTIVITY RELEASE OF LIABILITY FORM**

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

The goal of “Yoga” is to help you strengthen and stretch your muscles. The central physical activity of this session is standing or sitting, and moving your arms and legs as instructed. 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 Session.

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 Session.

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

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

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

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