

REGISTRATION FORM
Summer 2021 Term: July 6 – October 1

Please complete and return by mail, email, or call us with your registration.

**If you're renewing, you may 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

PHONE: (512) 968-3981

Name:		DOB:	
Address:			
City:	State:	Zip Code:	County:
Phone number you want to use for sessions:			
Email:			
How did you hear about us?			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated		Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: \$ _____			
Source of Income: (example: Social Security, SSI, pension) _____			
<i>These income questions help us determine your registration fee and provides information requested by our grant funder.</i>			
Do you live: <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"/> With full-time caregiver <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other _____			
Do you: <input type="checkbox"/> Own your home <input type="checkbox"/> Rent your home <input type="checkbox"/> Live in subsidized housing			
Do you have any of the following impairments? Mobility: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Power wheelchair/scooter Hearing: <input type="checkbox"/> Low hearing <input type="checkbox"/> Deaf Vision: <input type="checkbox"/> Low vision <input type="checkbox"/> Blind Other pertinent health information:			
Emergency Contact: Name: _____ Relationship: _____ Contact info (phone/email): _____			
Please tell us about your interests and hobbies:			
Do you have a computer or tablet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you use the internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list activities you use the computer for:			

SESSION SELECTION

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Below are the sessions for our SUMMER 2021 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
- Art Workshop
- BINGO
- Brain Aerobics
- Chair Yoga
- Coffee Talk
- COVID-19 Updates
- Crime Prevention and Education
- Fall 2021 Sneak Peek
- Golden Years of Opera
- Gratitude
- Greek Mythology
- Grief and Loss Support Group
- Harmless Harmonies
- Historical True Crime
- Just Be Jewish
- Laughter Yoga
- LCWW Program Sessions: Trying Video Out!
- Living Well with Vision Loss
- Medicare Minutes
- Movie Chat
- Museum Tour: Dog Days
- Museum Tour: GUITAR
- Name That Tune
- Native American Culture
- Nutrition Series
- Parades, Picnics & Fireworks
- Pet Tales
- Poetry Session
- Reminiscing Series w/ ACC Students
- Share & Learn
- Stay Smart
- Stay Strong
- Story Café
- Writing Workshop
- Zero Waste Campaign

For office use only:

G RC U Pmt WL _____

AASC Excel

PHYSICAL ACTIVITY RELEASE OF LIABILITY FORM

Please complete this form if this is your first time participating in an exercise session.

I understand the “**Chair Yoga**” and “**Stay Strong**” 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 “**Chair Yoga**” and “**Stay Strong**” 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:** _____