

**REGISTRATION FORM**  
**Fall 2021: October 4 - December 17**

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](mailto:lcww@familyeldercare.org)


**PHONE:** (512) 968-3981










<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 (required for video sessions):</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> <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
<i>These income questions help us with our grant reporting.</i>			
<b>Monthly Income Amount:</b> \$ _____			
<b>Source of Income:</b> (example: Social Security, SSI, pension) _____			
<b>Do you live:</b> <input type="checkbox"/> Alone <input type="checkbox"/> With spouse/partner <input type="checkbox"/> With family <input type="checkbox"/> Residential facility (independent or assisted living, nursing)			
<b>Do you have any of the following impairments?</b>			
<b>Mobility:</b> <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <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>Emergency Contact:</b>			
Name:		Relationship:	
Contact info (phone/email):			
<b>Please tell us about your interests and hobbies:</b>			
<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	
<i>These questions help us understand our participants and evaluate our program's mission.</i>			
<b>How often do you feel that you lack companionship?</b> <input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often			
<b>How often do you feel left out?</b> <input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often			
<b>How often do you feel isolated from others?</b> <input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often			
<b>How did you hear about us?</b>			
<b>If you connect to our sessions by phone, your first name and phone number will be visible to participants who connect by video. Are you okay with this?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			

**SESSION SELECTION**

**Fall 2021: October 4 - December 17**

**Please select the sessions below that you want to register for and return to us.**

**\*IMPORTANT:** For the sessions that are incorporating video this fall (noted with the  icon), please select if you will be joining by video or phone.

- Across the Miles
- African American Veterans
- Armchair Traveling 
  - Phone
  - Video
- Art Workshop 
  - Phone
  - Video
- Austin Bats
- BINGO
- Brain Aerobics
- Chair Yoga 
  - Phone
  - Video
- Chauvet Caves 
  - Phone
  - Video
- Coffee Talk
- Coping During Covid
- COVID-19 Updates
- Gratitude
- Grief and Loss Support Group
- Guided Meditation
- Harmless Harmonies
- Holidays Around the World 
  - Phone
  - Video
- Just Be Jewish
- Kwanzaa Celebration
- Laughter Yoga
- LCWW Video Training & Support
- Living Well with Vision Loss
- Medicare Minutes
- Movie Chat
- Mozart Operas
- Museum Tour: Bouquets to Art 
  - Phone
  - Video
- Museum Tour: Leonard Cohen 
  - Phone
  - Video
- Name That Tune
- Nutrition Series
- Pet Tales
- Praying to Hear God's Voice
- Share & Learn
- Stay Smart
- Stay Strong 
  - Phone
  - Video
- Story Café
- Stress Management Support Group
- Winter 2022 Sneak Peek
- WWII Code Breaking 
  - Phone
  - Video
- Writing Workshop

**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): \_\_\_\_\_

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