

City of Avondale Community Center Participant Registration Information

Joining our program is easy. Simply fill out these forms and you will qualify for our congregate meal program (at the requested donation amount), exercise and wellness programs, excursions, and other social activities. We are looking forward to having you as a participant of our programs and hope you will enjoy all of our activities.

If you have any questions, feel free to contact us at (623) 333-2705

Last Name:			
First Name:			
Middle Initial:			
Sex:		Birthdate:	
Phone Number (including Area Code):			
Alternate Phone Number (including Area Code):			
Address:			
City:		State:	Zip
Days Coming to Center:		M T W Th F	
Need Transportation?		Yes No	
Any known food or medication allergies:			
Any known medical or special needs (not required):			
<i>Please Circle Answers</i>			
Marital Status	Married	Income Level	Less than \$300
	Separated		\$300-\$499
Never Married	Divorced	\$700-\$899	\$500-\$699
	Widowed		\$900-\$1,499
Co-Habitation	Unknown	Unknown	\$1,500 or greater
Ethnicity	Hispanic	Disabilities	No Disability
	Not Hispanic or Latino		Physically Disabled
	Unknown		Developmentally Disabled
Race	White	Family Setting	Lives Alone
	Native American		Lives with Spouse
	Asian		Lives with Parents
	Black		Lives with Other Relatives
	Hawaiin/Pacific Islander		Lives with Non Relative
	Other Race		Other
Unknown	Multi-Generational		
Total Number in Household:	<input style="width: 50px; height: 20px;" type="text"/>	Socially Needy	Yes
			No

Participant Information:

Member Name: _____

Date of Birth: _____

M

F

Emergency Contact Information (2 required):

Primary Emergency Contact:

Name: _____

Relationship: _____

Secondary Emergency Contact:

Name: _____

Relationship: _____

Home Phone:

Alternate Phone:

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Home Phone:

Alternate Phone:

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Address: _____

Address: _____

City, State ZIP Code: _____

City, State ZIP Code: _____

Participant Program, Transportation, and Day Trip Waiver

Policies & Procedures: I acknowledge that I will abide by the Avondale Senior Center Policies and Procedures. A copy of the policies and procedures is available upon request or to view at the Community Center. I understand and acknowledge that the City of Avondale has the right, without prior notice, to modify, amend or terminate any program policies and procedures.

Day Trips: I understand that while on any active adult excursions, I must abide by all establishment procedures, I must not leave the site without the knowledge of the chaperone, and I must try to be in the company of another participant while on the trip.

Release of Information: I authorize the City of Avondale Neighborhood and Family Services Department to release necessary information to necessary police representatives in the need of a welfare check and to funding agencies such as the Area Agency on Aging for audit purposes.

Media Release: The City of Avondale is permissible (unless indicated otherwise by the participant) to record ones likeliness and or voice for use by television, film, radio, or print media to further the aims of the Neighborhood and Family Services Department programs in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

Hold Harmless Agreement: I, the undersigned participant, do hereby agree to participate and/or allow the individual named herein to participate in the abovementioned program and further agree to indemnify and hold harmless the U.S. Government, City of Avondale, Maricopa County its agents and employees from harm, accidents, personal injury (including death) or property damage which may be suffered by the abovementioned individual arising out of, or in any way connected with the participation of the activity.

Member Signature: _____

Date: _____

Determine Your Nutritional Health

Name: _____ Date: _____

Please read the statements below and circle the number under "Yes" in the first column for those that apply to you. For each "Yes" answer, score the number in the box. Total your nutritional score and follow the directions below to determine your results.

	YES
I have an illness or condition that has made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs per day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook, and/or feed myself.	2

TOTAL SCORE _____

Total Your Nutritional Score. If it is:

- 0 – 2 **Good!** Recheck your nutritional score in 12 months.
- 3 – 5 **You are at moderate nutritional risk.**
See what can be done to improve your eating habits and lifestyle. Senior Center staff or the Area Agency on Aging's *Senior* HELP LINE can make a referral to a dietitian.
- 6 or more **You are at high nutritional risk.**
Bring this checklist with you the next time you see your doctor, dietitian or other qualified health care professional. Talk with them about the items identified on this assessment tool.