

VILLAGE OF ELMSFORD SENIORS REGISTRATION FORM

PLEASE PRINT CLEARLY!

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT# _____ CITY _____

ZIP CODE: _____

HOME PHONE# _____ CELL# _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ (required)

Do You Live: Alone _____ Spouse _____ Family _____ Other _____ GENDER: M _____ F _____

EMERGENCY CONTACT# 1 (required)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Relationship: _____

EMERGENCY CONTACT# 2 (required)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone#: _____

Work Phone #: _____

Cell Phone #: _____

Relationship: _____

Do you have any medical conditions or medication in use that we should be aware of in case of an emergency?

*****PLEASE NOTE *** THE ABOVE INFORMATION MUST BE COMPLETED PRIOR TO PARTICIPATION IN OUR PROGRAM.**

WAIVER: The undersigned hereby releases the Village of Elmsford and all of its employees and agents from any liability whatsoever in connection with any damages and/or injuries that the registrant may sustain as a result of his/her participation in the program listed above sponsored by Village of Elmsford.

SIGNATURE

DATE