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: _____

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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**