



MILTON AND BETTY KATZ JEWISH COMMUNITY CENTER
501 N Jerome Ave. Margate, NJ 08402 Phone: 609-822-1167
ACTIVE ADULT PROGRAM ENROLLMENT FORM

Name: _____ Phone Number: (_____) _____ - _____

Email Address: _____ Address: _____

City: _____ State: _____ Zip: _____

PROGRAMS YOU ARE INTERESTED IN JOINING: (CHECK ALL THAT APPLY)

Water Wellness Live Long Live Strong Computers Learn, Move, Create Classes

AGE: (PLEASE CHECK BOX)

60-65 66-70 71-75 76-80 81-85 86-90 91-95 96+

GENDER: (PLEASE CHECK BOX) Male Female

ETHNIC ORIGIN: (PLEASE CHECK BOX)

African America Hispanic Asian American Indian Non-minority (white)

ANNUAL INCOME: (PLEASE CHECK BOX)

Less than \$10,000 \$10,001-\$19,999 \$20,000-\$29,999 Greater than \$30,000

ARE YOU: (PLEASE CHECK BOX)

IMPOVERISHED – Persons aged 60+ with incomes at or below 100% of the poverty level as defined in the Federal Register by the Secretary of the Department of Health and Human Services

FRAIL – Person aged 60+ having a physical or mental disability, including Alzheimer's disease or a neurological or organic brain disorder of the Alzheimer's type, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently.

VULNERABLE – Persons aged 60+ exposed to unfavorable environmental conditions, as well as persons aged 60+ with lack of social resources.

Informed Consent and Release

I recognize that exercise is not without some risk to the muscular skeletal system and respiratory system. I hereby certify that I know of no medical problem that would increase my risk of illness or injury as a result of participation in a regular exercise program. By signing this document I hereby release the Milton & Betty Katz Jewish Community Center and the County of Atlantic and its employees from any and all responsibilities, liabilities, or negligence to me for injuries that might be sustained while participating in any of the exercises or utilizing any of the facilities and equipment at the JCC as well as other locations where classes may be held.

Signature: _____ Date: _____

Program is partially funded under Title III of the Older Americans Act of 1965, as amended, through a grant by the Division of Intergenerational Services. Donations to the program are welcome, and will be used to enhance and expand existing services.



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Lifestyle Questionnaire

On a scale of 1 to 10 (10 being the most, 1 being the least) how do you rate your involvement in your community? 1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10 (10 being the highest, 1 being the lowest) how do you rate your level of fitness?

1 2 3 4 5 6 7 8 9 10

On average, how many days per week do you exercise? None 1 2 3 4 5 6 7

On average, how many hours per week do you spend on hobbies and activities you enjoy?

1 2 3 4 5 6 7 8 9 10 or More

On average, how many hours per week do you spend socializing with friends and family?

1 2 3 4 5 6 7 8 9 10 or More

On average, how many hours per month do you spend learning new things?

1 2 3 4 5 6 7 8 9 10 or More

Medical History

Are you medically cleared to exercise? Yes / No

Do you smoke? Yes/No

Have you been diagnosed with any of the following - *Check all that apply:*

- | | | | | |
|---------------------|---------------|-------------------|---------------|--------------|
| High Blood Pressure | Epilepsy | High Cholesterol | Heart Disease | |
| Heart Murmur | Heart Surgery | Neck or Back Pain | Diabetes | Lung Disease |

Are you currently taking prescription medication? Yes/No

If yes, what kind? _____