

ACTIVE ADULT PROGRAM ENROLLMENT FORM

Please complete the form and return it to the Welcome Center in the JCC Main Lobby, or your program coordinator.

Name: _____ Phone Number: _____
Email Address: _____ Address: _____
City: _____ State: _____ Zip: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____

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

Water Wellness Live Long Live Strong* Computers Learn, Move, Create Classes Senior Center

**The Live Long Live Strong program is geared towards active adults 60 years and older and requires a moderate level of physical activity. Program participants must be mobile and able to participate in the program classes without support and assistance.*

AGE: _____ Date of Birth: _____

GENDER: Male Female

ETHNIC ORIGIN: African America Hispanic Asian American Indian White (non-Hispanic)

ANNUAL INCOME: Less than \$29,999 Greater than \$30,000

ARE YOU: IMPOVERISHED, FRAIL AND VULNERABLE? YES NO

INFORMED CONSENT AND WAIVER

I hereby certify that I know of no medical or other problem that would increase my risk of illness or injury as a result of participation in a regular exercise, fitness or social 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 activities or utilizing any of the facilities and equipment at the JCC as well as other locations where classes may be held.

Signature: _____ Date: _____

Lifestyle Questionnaire

On a scale of 1 to 5 (10 being the most, 1 being the least) how do you rate your mobility and ability to participate in various aspects of everyday life? 1 2 3 4 5 6 7 8 9 10

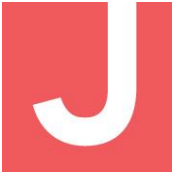
On a scale of 1 to 10 (10 being the highest, 1 being the lowest) how do you rate your level of fitness?
1 2 3 4 5 6 7 8 9 10

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

On 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



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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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

Computer Knowledge

On a scale of 1 to 10 (10 being the most, 1 being the least) how do you rate your overall phone, table or computer experience? 1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10 (10 being the most, 1 being the least) how do you rate your knowledge of the internet?

1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10 (10 being the most, 1 being the least) how do you rate your ability to use search engines like Google? 1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10 (10 being the most, 1 being the least) how do you rate your comfort level using hand held devices like cell phones? 1 2 3 4 5 6 7 8 9 10

Do you use apps? YES NO

Do you have an email address? YES NO

Medical History

Are you medically cleared to exercise? YES NO

Do you smoke? YES NO

Have you been diagnosed with any of the following - *Circle 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? _____

Please list any restrictions: _____



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