



BE HAPPY. BE SOCIAL. BE FIT.

\$10.00 Lifetime Membership

Name (please print): _____

M_____ F_____ Date of Birth ____/____/____

Mailing Address: _____

City_____ State_____ Zip_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Would you like to **receive** your **newsletter** by **Mail**? Yes _____ no _____

Or **EMAIL** _____

Do you use your email regularly? Y___ N___ Facebook__Y___N___

Are you interested in Volunteering at Senior Life Network? yes _____ no _____

How did you hear about us? _____

As a participant in any exercise program offered by Senior Life Network, I fully understand that there is a possibility that abnormal changes in physiological function may occur (e.g., abnormal heartbeat, blood pressure, or even heart attack). I acknowledge that I have fully divulged to the best of my knowledge and physical limitations that I may have. I will report any changes in my health status to my instructor or program director. It is my understanding that if my physician's approval is required before beginning to exercise, I will adhere to the recommendations of the program director and my physician.

The undersigned releases and discharges the instructor(s), agents, directors, employees and any others connected with Senior Life Network and INTEGRIS Bass Health Center from all claims or damages whatsoever that the undersigned or his/her representatives, heirs or assigns may have arising from, or incident to, this exercise program or any other program offered by Senior Life Network.

Signature: _____ Date: _____

Staff use only:

Exercise: YES/MAYBE/NO Paid: Cash / CK # _____ Welcome letter sent: _____ Staff: _____

PLEASE FILL OUT OTHER SIDE 