



Healthy Aging Association

Young at Heart S.T.E.P.S. Registration Form

July 1, 2018 – June 30, 2019

- Fall 2018
- Spring 2019
- New Participant

Program: YOUNG AT HEART S.T.E.P.S. **Email Address:** _____

Name: _____ **Telephone Number:** (209) _____

Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Emergency Contact: _____ **Number:** (____) _____

Relationship: Spouse Partner Son/Daughter Friend/Neighbor Sibling Parents Other _____

The information being requested below is only for monitoring and auditing purposes, as required by grant funding, and is not intended for public dissemination.

Please provide ALL information requested below. Thank you for your cooperation.

1. Age (circle one): Under 50 50-59 60-64 65-69 70-79 80-89 90-99 100+

2. What is your gender? Male Female Transgender Declined to state

3. What was your sex at birth? Male Female Declined to state

4. How do you describe your sexual orientation or sexual identity?
 Straight/Heterosexual Bisexual Gay/Lesbian Unsure Declined to state

5. Please check all that apply: Disabled Veteran Head of Household None

6. Do you receive income from any of the following sources?
 Food Stamps General Assistance Supplemental Security Income (SSI) None

7. Race: _____ African American _____ American Indian/Alaskan Native _____ Asian
 _____ Hispanic Origin _____ Native Hawaiian/Pacific Islander _____ White _____ Multi-Racial

8. Select your insurance: Medicare Medi-Cal Both Neither

a. If you have HMO/Medicare Advantage Plan, which one do you have? (circle one)
 AARP/Secure Horizons Alignment Health Plan Anthem Blue Cross – CareMore Health
 Kaiser Permanente Senior Advantage Golden State Health Net Humana

9. Please fill in the chart below (this must be completed to participate in the class)
 Directions: On the **same row** that has your household size, check your total annual household income.

Household Size	Total Annual Household Income			
	E.L.	V.L.	L	M
1 Person	<input type="checkbox"/> \$12,600 or less	<input type="checkbox"/> \$12,601-\$21,000	<input type="checkbox"/> \$21,001-\$33,550	<input type="checkbox"/> \$33,551 or more
2 People	<input type="checkbox"/> \$14,400 or less	<input type="checkbox"/> \$14,401-\$24,000	<input type="checkbox"/> \$24,401-\$38,350	<input type="checkbox"/> \$38,351 or more
3 People	<input type="checkbox"/> \$16,200 or less	<input type="checkbox"/> \$16,201-\$27,000	<input type="checkbox"/> \$27,001-\$43,150	<input type="checkbox"/> \$43,151 or more
4 People	<input type="checkbox"/> \$17,950 or less	<input type="checkbox"/> \$17,951-\$29,950	<input type="checkbox"/> \$29,951-\$47,900	<input type="checkbox"/> \$47,901 or more
Other _____	Annual Income _____			

(REQUIRED) CONSENT TO PARTICIPATE IN YOUNG AT HEART: I hereby certify that the above information is true and correct.
 I, the undersigned, acknowledge that the Young at Heart class is an exercise class which may involve aerobic activity, resistance training for strength and mobility, as well as stretching and balance. Participation at a class location, with the cable show, or home video, is at my own risk. I understand that I should be seen by a physician before beginning any exercise program to ensure my participation is appropriate. I understand the facilities hosting the classes are doing so on a volunteer basis without compensation and participation at a class at any given location is of my own accord. I also grant full permission to the Healthy Aging Association to use my photograph in any publication or advertising materials. I agree that the Healthy Aging Association, their employees, and agents, shall not be responsible in any way for the content of news media coverage in which the photography authorized herein is used.

Signature: _____ **Date:** _____

All information is confidential! Participant ID Number: _____ Duplicate: Y | N Verified by: _____