



Healthy Aging Association's

Young at Heart Participant Registration Form

July 1, 2016 – June 30, 2017

Class Type: ___ Strength Training-Fall Prevention ___ Aerobics ___ Tai Chi ___ S.T.E.P.S.

Class Location: _____ **Email Address:** _____

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

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

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

Relationship: ___ Spouse ___ Partner ___ Child/Children ___ Friend/Neighbor ___ 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: ___ Under 50 ___ 50-59 ___ 60-64 ___ 65-69 ___ 70-79 ___ 80-89 ___ 90-99 ___ 100+

2. Sex: ___ Female ___ Male

3. Please check all that apply: ___ Disabled ___ Veteran ___ Neither

4. Do you receive income from any of the following sources?

___ Food Stamps ___ General Assistance ___ Supplemental Security Income (SSI) ___ None

5. Race: ___ American Indian/Alaskan Native ___ African American ___ Asian
 ___ Native Hawaiian/Pacific Islander ___ Hispanic Origin ___ White
 ___ Other Multi-Racial (specify): _____

6. Check if you have: ___ Medicare ___ Medi-Cal ___ Both ___ Neither

7. Please check below if you have any of the following MEDICARE Advantage Plans:

___ CareMore ___ Health Net ___ Kaiser ___ Secure Horizons ___ Other: _____

8. Are you the head of household? ___ Yes ___ No

9. Please fill in the chart below

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
<input type="checkbox"/> 1 Person	<input type="checkbox"/> \$12,400 or less	<input type="checkbox"/> \$12,401 - \$20,650	<input type="checkbox"/> \$20,651 - \$33,000	<input type="checkbox"/> \$33,001 or more
<input type="checkbox"/> 2 People	<input type="checkbox"/> \$16,020 or less	<input type="checkbox"/> \$16,021 - \$23,600	<input type="checkbox"/> \$23,601 - \$37,700	<input type="checkbox"/> \$37,701 or more
<input type="checkbox"/> 3 People	<input type="checkbox"/> \$20,160 or less	<input type="checkbox"/> \$20,161 - \$26,550	<input type="checkbox"/> \$26,551 - \$42,400	<input type="checkbox"/> \$42,401 or more
<input type="checkbox"/> 4 People	<input type="checkbox"/> \$24,300 or less	<input type="checkbox"/> \$24,301 - \$29,450	<input type="checkbox"/> \$29,451 - \$47,100	<input type="checkbox"/> \$47,101 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 above named organization, 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!

Verified by: _____