



Healthy Aging Association

Young at Heart Registration Form

July 1, 2017 – June 30, 2018

Instructor Use:
New Participant?
 Yes No

Select 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 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. Sex: Female Male

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

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. Select your insurance: Medicare Medi-Cal Both Neither

a. If you have Medicare what Advantage Plan do you have (circle one)?

Kaiser Permanente Alignment Health Plan AARP/Secure Horizons
 CareMore Care 1st Golden State Humana

7. 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
1 Person	<input type="checkbox"/> \$11,950 or less	<input type="checkbox"/> \$11,951-\$19,950	<input type="checkbox"/> \$19,951-\$31,400	<input type="checkbox"/> \$31,401 or more
2 People	<input type="checkbox"/> \$15,930 or less	<input type="checkbox"/> \$15,931-\$22,800	<input type="checkbox"/> \$22,801-\$35,850	<input type="checkbox"/> \$35,851 or more
3 People	<input type="checkbox"/> \$20,090 or less	<input type="checkbox"/> \$20,091-\$25,650	<input type="checkbox"/> \$25,651-\$40,350	<input type="checkbox"/> \$40,351 or more
4 People	<input type="checkbox"/> \$24,250 or less	<input type="checkbox"/> \$24,251-\$28,450	<input type="checkbox"/> \$28,451-\$44,800	<input type="checkbox"/> \$44,801 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: _____