

## EAST LYME SENIOR CENTER REGISTRATION FORM

### REGISTRATION INFORMATION:

Complete the registration form below. Include all pertinent information. Return the completed form with payment in full to the Senior Center office. We accept cash or checks only. **Checks are made payable to the Town of East Lyme. *If you are registering for a trip, please confirm to whom you make the check payable.*** Program cancellations will be heard on radio stations WNLC, WICH, WCTY, WKNL, and WSUB the day of the cancellation. Participants unable to register in person please fill out this form and mail with check to: East Lyme Senior Center, 37 Society Road, Niantic, CT. 06357.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Program Name	Fee	Cash	Check	Credit Card

DO YOU NEED TRANSPORTATION IN ORDER TO PARTICIPATE IN THIS PROGRAM? \_\_\_\_\_

I agree to hold the East Lyme Commission on Aging and the East Lyme Senior Center Department and any person connected therewith and the Town of East Lyme harmless from any and all claims for bodily injury and property damage arising from the use of facilities and programs during the course of an East Lyme Senior Center sponsored activity. I understand that I should consult my physician before starting any new fitness regime.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_