

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



Scan Card # \_\_\_\_\_

## CAL Membership Form

***All information will remain confidential, except in the case of an emergency.***

*(Please Take Your Time & Print Legibly)*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
DOB

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address \_\_\_\_\_ Mailing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By providing your email address you agree to receive electronic communication from the Plymouth Center for Active Living. You may unsubscribe at any time by notifying the front desk, or by clicking unsubscribe on the email communication*

Email Address

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

- Ethnicity (for statistical purposes only) \_\_\_\_\_
- Do you live alone?      Yes   or   No
- How did you hear about us? Friends/Mailing/Social Media/Other: \_\_\_\_\_
- Do you have any known **allergies**?      Yes   or   No

*If yes, please list:* \_\_\_\_\_

- Do you have any **known medical conditions** or take any **medications** that would prohibit you from safely participating in physical activities or classes at CAL?

Yes   or   No

*If yes, please list:* \_\_\_\_\_

*\*\*I understand and acknowledge that by answering “no” to the above question I assume all liability should my choice to participate in physical exercise classes at CAL lead to medical complications or incidents:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Mission Statement**

*“To provide our community with a safe, trusted, physical and virtual environment where information and access to programs and services foster a healthy and vital lifestyle throughout the aging process”*

\_\_\_\_\_  
Accredited by   
National Institute of  
Senior Centers  
\_\_\_\_\_



Plymouth Center for Active Living  
44 Nook Road  
Plymouth, MA 02360  
Phone: (508) 830-4230  
Fax: (508) 830-4233

## Liability Release Waiver

In consideration of my participation in any program at the Center for Active Living/Plymouth Council on Aging, I, on behalf of myself, my heirs and assigns, waive any and all rights and claims for personal injuries, damages, expenses and any loss whatsoever, that may arise directly or indirectly as a result of my participation in the Center for Active Living/Plymouth Council on Aging.

Signature of Participant: \_\_\_\_\_

Print Name of Participant:\_\_\_\_\_