

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 **ncoa**
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: _____