



Suffield Senior Center Member Registration Form

145 Bridge Street
Suffield, CT 06078
(860)668-8830

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: ___/___/___ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

P.O. Box: _____ Phone: _____ Email: _____

Do you live alone? Yes No Are you a Veteran? Yes No

Marital Status: Married Single Widowed Divorced

Please list any Allergies: _____

EMERGENCY CONTACT INFORMATION (provide up to 2 contacts)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

PLEASE COMPLETE THE FORM BY PLACING A CHECKMARK IN EACH SECTION (OPTIONAL)

Ethnicity: Hispanic or Latino Race: African American/Black
 Not Hispanic or Latino Asian
 American Indian/ Alaskan Native
 Native Hawaiian/Other Pacific Islander
 White

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purposed only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation

SIGNATURE: _____ DATE: _____

Suffield Senior Center does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, or physical or mental disabilities in its employment practices or the provision of services except where it a requirement of law