Urbandale Senior Recreation Center * 7305 Aurora Avenue

Urbandale, IA 50322 * (515) 278-3907 * Fax (515) 331-6854

Website: www.UrbandaleSeniors.org Email: Seniorcenter@urbandale.org

Required information

Personal Information Form - For office use only

First Name:	Last Name:	Sex: F ☐ M ☐
Address:	Apt.#	City:
State:	Zip:	Phone: ( )
Birthdate: / /		Email:
Emergency Contact Name:	Relationship:	
Home Phone:	Wk/cell Phone:	
Physician:	Phone:	
Hospital Preference:	Phone:	
Life threatening allergies?		
Employed ☐ Retired ☐	Current/former occupation:	

Bi-Monthly Newsletters are available on-site or on our website.

Would you like to receive your newsletter by e-mail? *Yes* ☐ *No* ☐

If yes, please ensure you entered your email address above.

Is receiving the newsletter by regular mail your only option? *Yes* ☐ *No* ☐

Would you like your name listed in a membership directory? *Yes* ☐ *No* ☐

Are you a veteran? Yes ☐ No ☐

Do you authorize Urbandale Senior Recreation Center to use your image (in photographs or videos relating to programs, activities, and services) in our newsletter or for publicity and promotion of our program? *Yes* ☐ *No* ☐

For emergency use only, please list your current medication(s)*

Current Medication(s):	Medical Condition(s)
1	1
2	2
3	3
4	4

**If more space is needed, please use back of this sheet.*

Are you interested in participating in our fitness activities? *Yes* ☐ *No* ☐ *If yes,* please have your physician complete the following information, date and sign below:

Fitness Medical Clearance - to be completed by Physician

Exercise limitations or restrictions

Required information

Medical Clearance

I certify that the above named person is, to the best of my knowledge, free from infectious disease and that he/she is fully aware of any heart or circulatory limitations. In my opinion, the above named is allowed to participate in a moderate level fitness program.

Date Signed by ______________________

Physician

Date Signed by ______________________

Participant

This form must be signed and dated by physician and participant.

For office use only:	Member list: / /
	Removed: / /