

# Program Registration Form

## Seniors Programs and Services

### General Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Please list any food allergies or dietary restrictions: \_\_\_\_\_

How did you hear about Seniors Programs and Services? \_\_\_\_\_

### Check program(s) of interest:

Community Connect      Workshops      Fitness Programs      Intergenerational Mentorship Program

Pen Pal Program      HAPPY Day      Friendly Visitor Program      Client Services and Case Management

Would you like to receive program information by email?      Yes      No

Would you like to receive friendly reminder calls?      Yes      No

**Check Location(s)**      100 Oakwood Heights      200 Oakwood Heights      124 Alice Street

175 Lofty Pines      Baysville      Bracebridge      Dwight

Gravenhurst      MacTier      McVittie Place      Milford Bay

Port Carling      Port Severn      Port Sydney      Ryde

Severn Bridge      Torrance      Ullswater      Vankoughnet

May we share your birth day and mailing address with our Peer Support Committee?      Yes      No

### Emergency Contact:

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Safety Check Consent:** If we make a reminder call but cannot reach you after two attempts or visit your home at a scheduled time but you do not answer your door, may we contact your emergency contact person?

Yes      No



Please review the following statements and sign and date the bottom of the page.

**Media Waiver:**

I, \_\_\_\_\_, authorize The District Municipality of Muskoka (“District of Muskoka”) to permit photographers/videographers employed or designated by the District of Muskoka to take photographs, film/ video footage, and/or audio recordings of and to obtain quotations and information from me. Such photographs, film/video footage and recorded comments may be used for publications and broadcasts which may include but not be limited to the following: digital communication channels, the District of Muskoka web site, newspapers, radio, television, staff newsletters, news releases, pamphlets, brochures, flyers, and promotional publications (“Recordings”), both now and in the future. I acknowledge and agree that the Recordings shall constitute the exclusive property of the District of Muskoka and may be reproduced by the District of Muskoka and anyone it has authorized and that I shall be entitled to no compensation from the District of Muskoka as a result of such use. I expressly waive my right to inspect and approve the Recordings prior to their use by the District of Muskoka. I may withdraw my consent as set out above upon giving five (5) days written notice to the District of Muskoka Seniors Programs and Services Team at (705) 645-2100 ext. 4199

**Physical Activity Waiver/Release:**

I, \_\_\_\_\_, understand that many of the activities and programs provided through Seniors Programs and Services will involve an active, physical component. I acknowledge that the risks and benefits of these activities have been reviewed and explained to me. I understand and confirm that I will choose my own level of participation in these activities so that no harm will result from participation. I understand these activities may involve physical strenuous exercise and risk of bodily injury and I accept full responsibility for myself and my safety while participating in these programs. I hereby release Seniors Programs and Services, The District Municipality of Muskoka, its officers, employees, or agents from any liability for my personal injury or otherwise, arising out of or in any way connected to my participation in this exercise program.

**Notice and Consent:**

Seniors Programs and Services collects, uses, discloses, and stores facts about you and your health. These facts are collected to help provide volunteer support services and/or programs. This may include but not limited to: your name, address, phone number, and date of birth and facts about an emergency contact person. We use this information and share it only with those who need to know that information. For instance, we might use it to help make decisions about the types of support services you need; to serve as a means to communicate with other service providers and volunteers who provide services or on behalf of Seniors Programs and services; to monitor the provision of services and evaluate your response provided; and for administration, management, strategic planning, decision-making, research, and allocating of resources within the organization. Your personal information is private. Unless sharing it with others is authorized by law, we cannot and will not give out any of your personal information without your consent.

I have reviewed the above summary of information relating to Seniors Programs and Services’ Privacy Policy. I have had an opportunity to have questions answered regarding this Notice and feel that I have a reasonable understanding of the Notice. I hereby authorize the collection, use, and disclosure of my personal information to Seniors Programs and Services in order to facilitate the provision of support services to myself and for specific, related purposes as detailed within that Notice.

Signature:

Date:

Witness:

Date:

**For agency use only (Friendly Visitor Program Referrals):**

Name of Agency:

Verbal Consent has been given by the participant, notice and consent have been reviewed and understood by applicant.

