Urbandale Senior Recreation Center * 7305 Aurora Avenue
Urbandale, IA 50322 * (515) 278-3907 * Fax (515) 331-6854
www.UrbandaleSeniors.org Seniorcenter@urbandale.org

Required information

Personal Information Form - For office use only

First Name:	Last Name:	Sex: F☐ M☐
Birthdate: / /	Phone: ( )	
Address:	Apt.# City:	
State:	Zip:	Email:
Emergency Contact Name:	Relationship:	
Home Phone:	Wk/cell Phone:	
Physician:	Phone:	

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

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

Are you interested in participating in our fitness activities? Yes ☐ No ☐

If yes, please have your physician complete the Medical Clearance Section and sign below.

There is an annual fitness membership fee of $50 for residents of the City of Urbandale and $75 for non-residents.

Occasionally photos may be taken of participants in the programs, classes and activities or of people in the city's parks. Please be aware that these photos may be used in future program guides, brochures and web promotions.

My signature below indicates I have read and understand the Urbandale Senior Recreation Center Conduct Policy, and agree to follow its policies.

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

Hospital Preference:	Phone:
Life threatening allergies?	

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.*

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

Date Signed by

Participant

Date Signed by

Physician

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

Member list: Removed: