



**ALL ARE WELCOME !  
BERLIN SENIOR CENTER  
PARTICIPANT FORM**

**Name:**

**Home Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Phone#:** \_\_\_\_\_

**Cell Phone#:** \_\_\_\_\_

**Will you accept text messages?** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Do you live alone?** \_\_\_\_\_

**Primary Language Spoken:** \_\_\_\_\_

**Emergency Contact Person:**

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

**Address:** \_\_\_\_\_

**Home#:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed form to the front desk staff or by mailing it to the Berlin Senior Center, 33 Colonial Drive, Berlin, CT 06037.**

**Any information obtained on this form will be for the Berlin Senior Services sole use and will be kept in confidence. By providing an emergency contact you are granting permission to the staff of the Senior Center to contact them in the case of an emergency.**

**Form revised 10.27.20**