

Windsor Locks Senior Center Program Registration

Session: (circle	one) Winter ~ Spring ~ Summer ~	Fall	
Class: (circle or	ne) Chair Yoga ~ Active ~ Water	Fitness ~ Zumba ~ Yoga	
Name	Hon	ne Phone	
Address	Ce	Cell Phone	
City	State Zip		
Male ~ Female (circle o	ne) Age		
	Emergency Contacts		
Name	Name	Name	
Relationship			
Phone	Phone	Phone	
Locks Senor Center of I acknowledge that my participation is under	gram offered, conducted, sponsored or its employees or agents. y participation in these activities is purtaken at my own risk, and that I have be consult with my doctor before partic	rely voluntary, that been advised by Windsor	
Signature	Da	Date	
	For Office Use		
Date:	Check number	Amt	
	Check number		
Date:	Check number		
Date:	Check number	Amt	
	Check number		
Date:	Check number	Amt	
Date:	Check number	Amt	