

Date:

Emergency Contact Information

Please Print

First Name _____ Middle Initial _____

Last Name _____

Nickname _____ Date of Birth (M/D/YYYY) _____

Circle: *Male / Female/ Non Binary/ Decline to Answer*

Staff Use Initials:

Newsletter:

mail/online/pick up

Code of Conduct /
Standards of
Independence

Exercise Waiver

Photo taken

Fob #

Home Phone _____ Cell Phone _____

Home Address _____

Email address *(please print in boxes)*

Emergency Contact Name 1 _____

Phone _____ Relationship _____

Emergency Contact Name 2 _____

Phone Relationship

I have read and accepted the Code of Conduct & Standards of Independence Policy

(please sign) _____

Do You Live Alone? Yes No

Ethnicity: Caucasian Black/Afro-American Hispanic

Asia/Pacific Islander Native American Decline to Answer

Are you disabled? Yes No

The COA will not share your information with any 3rd party except in the case of a medical emergency