

# Senior L.I.F.T. Center Inc.

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**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

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**Phone** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

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**Street Address** \_\_\_\_\_

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**Apt#** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**Date Joined** \_\_\_\_\_ **Spouse** \_\_\_\_\_

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**Charter Member** \_\_\_\_\_ **Renewal** \_\_\_\_\_ **New** \_\_\_\_\_

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**Emergency Contact** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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**Physician** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

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**Former Occupation** \_\_\_\_\_ **Email** \_\_\_\_\_

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(Optional)

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**Allergies** \_\_\_\_\_

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**Medical/Physical Illness** \_\_\_\_\_

I agree and understand that I am hereby waiving and releasing the Senior L.I.F.T. Center from any and all claims, costs, liabilities, expenses or judgements that arise out of my participation in the Senior L.I.F.T. Center programs.

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**Signature** \_\_\_\_\_ **Date of Signing** \_\_\_\_\_

Please mail application and \$60 check for annual dues, to: Senior L.I.F.T. Center, Inc. 12480 SW 127 Ave., Miami, FL 33186

**Comments:**