

Nutrition Registration Form

Date: _____

Participant Information: PLEASE PRINT

N Given First Name _____
A _____
M Last Name _____
E _____

Date of Birth		
/	/	

Gender	Marital Status
<input type="checkbox"/> Male	<input type="checkbox"/> Single
<input type="checkbox"/> Female	<input type="checkbox"/> Married

Address: _____

Household	Monthly Income
<input type="checkbox"/> Live alone	_____

City: _____ **State:** _____

Handicapped
<input type="checkbox"/> Handicapped

Zip: _____ **Phone:** _____

Ethnicity
<input type="checkbox"/> African American
<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American
<input type="checkbox"/> White/Caucasion
<input type="checkbox"/> Other

eMail address: _____

Cass County Townships

<input type="checkbox"/> 201 Calvin	<input type="checkbox"/> 204 La Grange	<input type="checkbox"/> 207 Milton	<input type="checkbox"/> 210 Penn	<input type="checkbox"/> 213 Silver Creek	<input type="checkbox"/> 216 Dowagiac
<input type="checkbox"/> 202 Howard	<input type="checkbox"/> 205 Marcellus	<input type="checkbox"/> 208 Newberg	<input type="checkbox"/> 211 Pokagon	<input type="checkbox"/> 214 Volinia	<input type="checkbox"/> 999 Out of County
<input type="checkbox"/> 203 Jefferson	<input type="checkbox"/> 206 Mason	<input type="checkbox"/> 209 Ontwa	<input type="checkbox"/> 212 Porter	<input type="checkbox"/> 215 Wayne	

Nutritional Health Assessment

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Total	

Liability Waiver

Liability Waiver:

I wish to participate in Cass County Council on Aging (COA) activities. I understand that my participation is strictly voluntary. I recognize that there are risks of personal injury associated with participation in any activity. I voluntarily assume responsibility for these risks and release and indemnify the COA, affiliated agencies and their employees and agent from all claims, of whatever nature, which arise out of my participation, including but not limited to, claims for injuries.

I understand that this Liability Waiver is a condition for participation in COA activities. I also understand that by signing this document I acknowledge and accept this Liability Waiver.