CENTER FOR ACTIVE LIVING
ANNUAL REGISTRATION FOR ALL PARTICIPANTS
July 1, 2026 – June 30, 2027

Welcome to the Center for Active Living! To receive ***The Scoop*** newsletter (by email) and program updates, please take a few minutes to complete the following form and return it to the Center. You may mail the completed form to the Center for Active Living, 36 Main St., York, ME 03909 or drop it off at the Center Monday – Friday, between 9am-4pm. For York residents, there is no annual fee. For non-York residents, there is an annual user fee of $25.00 per household. Payment is by credit/debit card or check made out to Town of York – CAL with note in memo area stating, "non-resident user fee." If you are paying by credit card, please do not put that information on this form. Either see a staff member to pay or we will call you to get the credit card information when we receive your completed registration form. All information provided is for our use and your safety only; it will not be shared with others without your permission. Annual registration is July 1 – June 30. Thank you for your cooperation. If you have any questions, please contact the Office at 207-363-1036. **Please print legibly.**

Full Name:

Nick Name (optional):

Date of Birth:

Primary Phone Number with area code: **House/landline or cell phone?**

Alternative Phone Number with area code: **House/landline or cell phone?**

Email Address (own or family/friend who will provide you the information):

Mailing Address (#, street, apt/unit if appropriate, town, state, zip code):

If mailing address is a post office box, please provide street address:

Winter Address: ____ n/a (none) ____ months (when use – e.g., Oct.- May): _____

Mailing Address:

Before turning over, please be sure you have put your full name at the top of this page.

~ OVER ~

Please provide two Emergency Contacts – one needs to be someone who does not reside in your household:

1. Person's Full Name and Relation to You (e.g., spouse, friend, daughter):

   Person's phone number (include area code):

   Above person's town of residency:

2. Person's Full Name and Relation to You (e.g., spouse, friend, daughter):

   Person's phone number (include area code):

   Above person's town of residency:

Do you live alone? ____ yes ____ no **Do you drive?** ____ yes ____ no

Any medical or other information that would be useful for us to know (e.g., pacemaker, uses a wheelchair, uses a walker/rollator, difficulty climbing stairs):

Credit Card Billing Address (#, street, apt/unit if appropriate, town, state, zip code) ***(Please do NOT provide credit card #)***