



LOS ANGELES CITY DEPARTMENT OF RECREATION AND PARKS
SENIOR CLUB MEMBER INFORMATION/EMERGENCY CARD



Number _____

Date _____ Club _____

Name _____ Phone (____) _____

Address _____ Zip code _____

Birth Date _____ / _____ / _____ In case of emergency, Name _____
Mo. Day Yr

Phone (____) _____

Email Address: _____

Primary Care Physician _____ Phone (____) _____

Chronic Illness? Heart Condition _____ Diabetes _____ High Blood Pressure _____

Occupation before retirement: _____

Interest in following activities: _____

Member of other Senior Citizen Clubs? _____

Offices held in other clubs? _____

Transportation: Car _____ Bus _____ Walk _____