



**Dutchess County Office for the Aging • 114 Delafield St., Poughkeepsie NY 12601**

**A Matter of Balance: Managing Concerns About Falls**

Participant Application

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Female  Male

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best way to contact me: \_\_\_\_\_

Your Age Group:  Less than 50 yrs  50-54 yrs  55-59 yrs  60-64 yrs  
 65-69 yrs  70-74 yrs  75-79 yrs  80-85 yrs  Over 85 yrs

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I acknowledge that I have read and understand the information sheet pertaining to the "A Matter of Balance" Program and that I am agreeing to attend this class once a week for eight weeks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Dutchess County Office for the Aging is a County Agency funded under Title III of the U.S. Older Americans Act, the New York State Office for the Aging, and the County of Dutchess.*

Sponsored by:

