



CLIENT REGISTRATION FORM

SENIORS' HOME & YARD MAINTENANCE PROGRAM

The Senior's Home & Yard Maintenance Program, is a referral program that assists seniors, elders, and adults with disabilities to remain independently in their homes. Details and payments are arranged directly between clients and workers. To be added to our client list, please complete the application and e-mail @ ycoahy@yknet.ca or mail or drop by our office @ 4061 B – 4th Avenue

Last Name:	<input style="width: 90%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>
First Name:	<input style="width: 90%;" type="text"/>		
Address:	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
City:	<input style="width: 90%;" type="text"/>	Postal Code:	<input style="width: 90%;" type="text"/>
Cell Phone:	<input style="width: 90%;" type="text"/>	Home Phone:	<input style="width: 90%;" type="text"/>
Subdivision:	<input style="width: 90%;" type="text"/>		
E-mail:	<input style="width: 90%;" type="text"/>		
Age 55 or over: Yes <input type="checkbox"/> No <input type="checkbox"/> YCOA Member: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Home: Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____			
Do you live alone: Yes <input type="checkbox"/> No <input type="checkbox"/> Number of people in home: _____			
Name(s) of other residents (if applicable): _____ _____			
Please list any disabilities or concerns that you feel the program coordinator should know about (allergies, wheelchair, walker, cigarette smoke, etc.) _____ _____ _____			

Please list any pets or animals on your property that we should know about:	
Other Statistical information (gathered for statistical purposes only)	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
If client is not a senior, do you have a disability that qualifies you for this program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Contact:	Name: <input type="text"/>
Phone:	Relation: <input type="text"/>
<input type="text"/>	<input type="text"/>

Completed by: Seniors' Home Yard & Maintenance Program	
Waiver: <input type="checkbox"/>	
Information Package: <input type="checkbox"/>	

Seniors' Home & Yard Maintenance Program
Yukon Council on Aging
4061B – 4th Avenue, Whitehorse, Yukon, Y1A 1H1
(867) 667-4357

CLIENT ACKNOWLEDGEMENT AND WAIVER AGREEMENT

WARNING: BY SIGNING THIS YOU GIVE UP ALL RIGHTS TO SUE
PLEASE READ CAREFULLY BEFORE YOU SIGN

IN CONSIDERATION for registration with the Seniors’ Home and Yard Maintenance Program (“the Program”) of the Yukon Council on Aging (the “Council”) and in further consideration for the possibility of workers being referred to me through the Program, I agree to the following:

I UNDERSTAND that the Program is a referral service only: it helps clients such as me connect with workers. Payment for any service I receive is agreed to by me and the worker.

I ALSO UNDERSTAND that there may be risks and dangers associated with having a worker work at my home or property. The Council does not evaluate workers and does not guarantee that a worker is competent, reliable, or suitable for any particular work. I am the only person responsible for deciding whether or not to engage a worker.

I RELEASE the Council, its directors, employees, agents, and representatives from any and all liability for any personal injury, death, loss of or damage to property, and expense or other loss that I may suffer as a result of participating in the Program.

I WAIVE (GIVE UP) all rights to sue any of the above persons and all rights to seek any other legal or equitable remedy from them.

I AGREE that the release and waiver above apply to any loss arising from any cause whatsoever, including negligence on the part of any person. The release and waiver above will bind not only me but also my heirs, my next of kin, my executors or administrators, my assigns, and any other successors in interest.

I CONFIRM that I have read this Agreement before signing and I understand it. Nobody associated with the Program has made any oral or written statement that leads me to believe anything that is inconsistent with this Agreement.

SIGNED this ____ day of _____, _____ at the City of Whitehorse in the Yukon Territory.

Printed Name of Client

Printed Name of Witness

(Signature)

(Signature)