



Registration Year ~ July 1, 2016 through June 30, 2017

Name: _____	Ethnicity: Hispanic ____ Non Hispanic ____
Date of Birth: ____/____/____	Race: White ____ African Amer. ____
Male ____ Female ____	(<i>Ethnicity/Race Information is Optional</i>) Asian ____ Native Amer: ____
NEW Member: ____ Renewal: ____	Other: _____
Address: _____	APT: _____
City/State/Zip: _____	PHONE: (____) _____
Email: _____	CELL: (____) _____
Emergency Contact #1: _____	Relationship: _____
Emergency Contact Number: (____) _____	Alt. Number: (____) _____
Emergency Contact #2: _____	Relationship: _____
Emergency Contact Number: (____) _____	Alt. Number: (____) _____

List Activities of Interest & Favorite Hobbies: _____

List Medical Conditions / Medications (use back of page for more space): _____

Are you interested in volunteering at the center? YES ____ NO ____	<input type="checkbox"/> \$10.00—Please send newsletter by 1st Class Mail every month for one year for a fee of \$10.00/year
Area of interest: Medical Driver ____ Office Work ____ Kitchen ____ Misc ____	
Large Event Asst ____ New Club Leader? ____ Club/Class Idea _____	

MEDICAL RELEASE / INDEMINTY WAIVER:

In consideration of being allowed to participate in the Town of Windsor Senior Services activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in these programs may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Town of Windsor, its employees, volunteers, commissioners, sponsoring agencies, sponsors and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in the above mentioned trips or activities.

Signature: _____ Date: _____

The Annual Registration is FREE. Suggested Annual Donation ~ \$10.00. Thank you!

Refund Policy: I understand and agree that program refunds will not be given after the program starts or for circumstances beyond the control of the Senior Services Division (e.g. weather). Whenever possible, cancelled programs will be rescheduled .	Print Name: _____ Signature: _____ Date: ____/____/____
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Office Staff Only: Membership #: _____ Office Staff Member Name: _____