



Windsor Senior Services Membership Form

Name: _____ Ethnicity: Hispanic ___ Non Hispanic ___
 Date of Birth: ___/___/___ Race: White ___ African Amer. ___
 Male ___ Female ___ *(Ethnicity/Race Information is Optional)* 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: (____) _____

I have the following interests & hobbies: _____

These are the medical conditions/medications I wish to tell you about: _____

I am interested in volunteering at the center? YES ___ NO ___ Area of interest: Medical Driver ___ Office Work ___ Kitchen ___ Misc ___ Large Event Asst ___ New Club Leader? ___ Club/Class Idea _____	Suggestions (programs, class, etc): _____ _____
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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.

Suggested Annual Donation ~ \$10.00 for Windsor Residents, \$20.00 for Non-residents

I have the following wellness benefit(s) through my insurance plan and am interested in hearing more about Fitness Classes and Fitness Center Membership (circle all that apply):

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/Date: _____