



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: (____) _____

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 ___	Suggestions (programs, class, etc): _____ _____
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.

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

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: ___/___/___

Office Staff Only: Membership #: _____ Office Staff Member Name: _____