



Windsor Senior Services Registration Form

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

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: _____