Windsor Senior Services Registration 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 ____

Area of interest: Medical Driver ____ Office Work ____ Kitchen ____ Misc ____

Large Event Asst ____ New Club Leader? ____ Club/Class Idea ___________ _________

Suggestions (programs, class, etc):

MEDICAL RELEASE / INDEMNITY 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: ____________________________