



## PELHAM SENIOR CENTER MEMBERSHIP APPLICATION

Please print clearly.

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (Circle) Gender M / F

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address (**PRINT CLEARLY**) \_\_\_\_\_

### Emergency Contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Additional information we need to know \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Participant Release

I authorize and give my consent for any emergency medical treatment for myself anywhere/anytime should it be deemed advisable by a qualified medical doctor, and the transportation to the nearest hospital reasonably accessible. I understand this to avoid undue delay and to assure prompt attention/treatment in an emergency. I authorize the City of Pelham to take all necessary steps to insure my health & safety in case of an emergency and to administer any needed medications. In case of accident or injury I will not hold the City of Pelham, or its employees responsible. I understand and assume all risks that may occur during my participation in these programs. I understand that should any injury occur to me at this center, I will be responsible for all medical treatment and other cost through my medical insurance policy and /or personal finances.

### Release of Photographs

I understand there will be opportunities for photographs to be used for promotional/information purpose (e.g. print publications, display at City of Pelham's facilities and/or posted on City of Pelham's website, social media and/or print media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_