



## Max E. Muravnick Meriden Senior Center Member Registration Form

<b>Member Name:</b>		<b>Address:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>DOB:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race (for data purposes only):</b> <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other	<b>Ethnicity (for data purposes only):</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
<b>Emergency Contact:</b>		<b>Relationship:</b>	<b>Home:</b> <b>Work:</b> <b>Cell:</b>
<b>2<sup>nd</sup> Emergency Contact:</b>		<b>Relationship:</b>	<b>Home:</b> <b>Work:</b> <b>Cell:</b>
<b>Do you give permission for the Senior Center to use your photo for promotional literature?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Medical Release/Indemnity Waiver

In order to participate in Senior Center Programs, I understand and agree that programs can be physically demanding, and involve a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I further represent that I believe I have the physical ability needed to participate. In the event of an emergency or fall, an ambulance will be called and staff will try to reach one of emergency contact(s) that I have listed. It is hereby understood and agreed that, in the event of an emergency or fall, I shall assume full financial responsibility for any and all costs, including those which may not be covered by my health insurance. To the fullest extent of the law, I agree, on behalf of myself, my heirs, my family members, my executors and may administrators, to indemnify and hold harmless the City of Meriden, its agents and employees, from any injuries or damages caused by or resulting from participation in any program offered by the Meriden Senior Center. By signing below, I am also acknowledging that I have received a copy of the Meriden Senior Center Member Handbook.

Signature of Participant

Date

**For Staff Use Only:**

Start Date of Membership: \_\_\_\_\_

Date Member Handbook Given: \_\_\_\_\_