

SOUTH BRUNSWICK SENIOR CENTER

Today's Date: _____

MEMBERSHIP APPLICATION

Please tell us about yourself

First Name: _____ Last Name: _____

Home Phone: _____ Mobile Phone: _____

Address _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YYYY): _____ Male Female

Primary Language: _____

What other languages do you speak? _____

Email Address: _____

Do you want to receive email updates, calendars and newsletters? Yes No

Who should we contact in case of emergency?

Name: _____

Address: _____

Mobile Phone: _____

Other Phone: _____

Relationship: _____

Name: _____

Address: _____

Mobile Phone: _____

Other Phone: _____

Relationship: _____

Please share the following in case of medical emergency

Doctor's Information

Name: _____

Address: _____

Phone #: _____ Preferred Hospital: _____

Allergies: _____

Is there anything you feel we should know about you that would assist us in ensuring your safety, comfort, and enjoyment while at the Senior Center?

The following information is optional but helps us in our planning.

How would you describe your race/ethnicity?
 African American Asian American Caucasian Filipino
 Hispanic South Asian Other: _____

Marital Status:
 Married Single Divorced Widowed

Do you live alone? Yes No
 Do you drive? Yes No
 Will you need bus service? Yes No
 Are you a veteran? Yes No

A few more details please...

Previous Occupation: _____

What kinds of programs/activities interest you?

Would you like the 'Volunteer Welcome Ambassador' to reach out to you? Yes No

Note: Please be aware names and addresses are subject to disclosure under the Open Public Records Act (OPRA). Please read and sign below:

I assume the risk of all conditions or occurrences that may be encountered, and I waive all claims for damages, injury or loss to my person and/or property which may be caused by my participation in any activity at the South Brunswick Senior Center - Fitness Center or in any recreation activity of the South Brunswick Office on Aging, including trips or activities away from the center. I acknowledge that I will make the South Brunswick Office on Aging aware of any physical or health condition that might affect my ability to safely participate in any activity. I specifically waive all claims I have may have as a result any act or omission of the Township of South Brunswick, its agents, employees or volunteers and I covenant not to sue the Township of South Brunswick, its agents, employees or volunteers, for any claim arising out of my participation in any activity at the Fitness Center at the South Brunswick Senior Center. I understand that by completing this form, and by participating in any activity at the Fitness Center, I am attesting that I am not aware of any disability affecting me that would reasonably preclude my participation in the program. Should I become aware of any such condition, disability or impairment that might affect my ability to safely participate in programs at the Fitness Center, I will immediately make Office on Aging staff aware of same.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY			
Age Verified	_____	Type of ID	_____
Address Verified	_____	Type of ID	_____
Scan Card Issued	_____	Staff Signature:	_____ Date _____