

**Trussville Parks and Recreation
Trussville Senior Citizens Activity Center
504 Cherokee Drive
Trussville, AL 35173**

Senior Center Membership / Registration Form - 2019

This form MUST be completed and returned to the Center office before you are considered "officially" registered. All applications are subject to the discretion of the Senior Advisory Board and the management of the Trussville Senior Center and Trussville Park and Recreation Department.

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

AGE _____ BIRTHDATE WITH YEAR _____

CELL PHONE _____ EMAIL ADDRESS _____

EMERGENCY INFORMATION:

Name of person(s) to contact in case of an emergency:

1. _____ Relationship _____

Phone Number (H) _____ (Cell) _____
(W) _____

Address _____ City _____ State _____ Zip _____

2. _____ Relationship _____

Phone Number (H) _____ (Cell) _____
(W) _____

Address _____ City _____ State _____ Zip _____

3. _____ Relationship _____

Phone Number (H) _____ (Cell) _____
(W) _____

Address _____ City _____ State _____ Zip _____

MEDICAL INFORMATION: **ANYTHING THE MEDICS WOULD NEED TO KNOW**

Recent illnesses, allergies, physical conditions:

Current Medications you are taking:

Doctor's Name _____ Phone Number _____
Hospital _____

Doctor's Name _____ Phone Number _____
Hospital _____

Doctor's Name _____ Phone Number _____
Hospital _____

Insurance Company _____ Policy Number _____
Insurance Company _____ Policy Number _____
Insurance Company _____ Policy Number _____

AUTHORIZATION FOR RELEASE

I hereby give my permission for (name of participant) _____ to participate in this program / activity. I authorize the Trussville Senior Citizens Activity Center to obtain necessary medical care and treatment for the participant for any illness or injury occurring during the program, but I understand the Trussville Senior Citizens Activity Center is not assuming a duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I understand that the Trussville Senior Citizens Activity Center has no accident or medical payment insurance coverage for the participant and I agree to pay all reasonable medical cost incurred if treatment is obtained. I understand that the Trussville Senior Citizens Activity Center assumes no liability for lost, stolen or misplaced items. I release the Trussville Senior Citizens Activity Center and its agents, servants and employees from all claims, actions, causes of action and rights of recovery or reimbursement of any type that I have or may have in the future which arise from or are related in any manner to the program / activity (including but not limited to claims of bodily injury and property damage or loss) and I assume all risks and hazards incident to such program and transportation to and from the same. This instrument is signed both individually and on behalf of the participant.

Signature Date

Signature – Caregiver Date

Signature Witness Date

***As a part of the membership application each participant will receive a copy of the rules and regulations of the Trussville Senior Citizens Activity Center.

_____ (Initial that you received)

*** After reading the rules and regulations of the Trussville Senior Citizens Activity Center, I understand and agree to abide by the rules and regulations.

Applicants Signature
Staff / Witness Signature