

ELA 55+ MEMBERSHIP REGISTRATION

FIRST NAME: _____ M.I. _____ LAST NAME: _____

BIRTH DATE: MO: _____ DAY: _____ YEAR _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____
(Circle One) Landline or Cell Landline or Cell

E-MAIL: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

TOWNSHIP: _____

GENDER: MALE OR FEMALE

EMERGENCY CONTACT #1

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

PHYSICIAN NAME: _____

PHYSICIAN PHONE: _____

EMERGENCY CONTACT #2

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

CELL PHONE: _____

PLEASE LIST

DISABILITIES: _____

ALLERGIES: _____

MEDICATIONS: _____

PLEASE CIRCLE WHICH APPLIES TO YOU

HOUSEHOLD: LIVES ALONE or JOINTLY (with someone)

ETHNICITY: ASIAN AMERICAN AFRICAN AMERICAN CAUCASIAN HISPANIC NATIVE AMERICAN

OFFICE USE ONLY

KEY FOB NUMBER: _____ PICTURE TAKEN?: YES OR NO

ALL INFORMATION IS CONFIDENTIAL. DEMOGRAPHIC INFO IS OPTIONAL, USED SOLELY FOR GRANT WRITING.

WAIVER

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT, IN PARTICIPATING IN ANY PROGRAMS SPONSORED OR CO-SPONSORED BY ELA TOWNSHIP 55 PLUS, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MAY SUSTAIN WHILE PARTICIPATING.

I am voluntarily participating in any Ela Township 55 Plus program/activity with the knowledge of the danger involved and hereby agree to accept any and all risk of property damage, personal injury or death. I agree to assume the full risk of injuries, including death, damages and loss which I may sustain as a result of participating in any manner.

In consideration of my participation in any Ela Township 55 Plus program, I hereby release Ela Township 55 Plus, it's employees, board of directors and any volunteers working under its name, as well as any and all independent contractors, their employees and volunteers and all other persons and entities, of whatever nature, that might be directly or indirectly liable from any present and future claims, including negligence, for property damage, personal damage, personal injury or wrongful death, arising from my participation in any Ela Township 55 plus program.

Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from my participation in any Ela Township 55 Plus program, including, but not limited to negligence, property damage, personal injury and wrongful death.

I further agree to indemnify, hold harmless, and defend Ela Township 55 Plus and the above parties from any and all claims for injuries, including death, damage and losses sustained by anyone and arising out of, connected with or in any way associated with my conduct and the program.

Further, in the event of an emergency, I authorize Ela Township 55 Plus and the above parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, and agree that I will be responsible for the payment of any and all medical services rendered.

I HAVE READ THIS FORM AND FULLY UNDERSTAND THAT BY SIGNING THIS FORM, I AM GIVING UP LEGAL RIGHTS AND/OR REMEDIES WHICH MAY BE AVAILABLE TO ME.

PRINT NAME

SIGNATURE

DATE _____

FOR OFFICE USE ONLY

ID #1 _____ **ID#2** _____

VERIFIED BY: _____