2022 Senior Center Participant Registration Form

Participant Name: ___________________________ Birth Date: _______ / ______ / ______
(First Name) (Last Name) (Middle Initial)

Address: ___________________________ Apt: _______ City: ___________ Zip: _______

Housing Complex name (if applicable): ___________ Home Phone: ___________ Cell Phone: ___________

Email Address: ___________________________ Email Program/Event Info: ☐ Yes ☐ No

Senior Center: (Please mark one) ☐ Clinton Rose ☐ Kelly ☐ McGovern ☐ Washington ☐ Wilson

How did you hear about us: ☐ Friend/Family Member ☐ Brochure ☐ MCDA ☐ 211 ☐ Media
☐ Professional Agency ___________ ☐ Other ___________

Demographic Information

Gender: ☐ Male ☐ Female ☐ Other
Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Marital Status: ☐ Single ☐ Married ☐ Partnered ☐ Separated ☐ Divorced ☐ Widowed

Race: (Please mark one) ☐ White ☐ Black/African American ☐ Asian ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Other Multi-Racial

Are you a U.S. Citizen: ☐ Yes ☐ No
Do You Live Alone: ☐ Yes ☐ No
Veteran: ☐ Yes ☐ No

Spouse/Partner Name (if they attend the center): ___________

Family Size and Income Levels: (Please circle one). Below is a chart listing various income levels

The information below is used as compiled data for the purpose of writing grants in support of senior services within SOA.

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Family Size</th>
<th>Monthly Income Level 1</th>
<th>Monthly Income Level 2</th>
<th>Monthly Income Level 3</th>
<th>Monthly Income Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find your family size in the gray column.</td>
<td>1</td>
<td>$ 1,073 or below</td>
<td>Between $1,074 and $1,609</td>
<td>Between $1,610 and $2,146</td>
<td>$2,147 or above</td>
</tr>
<tr>
<td>2</td>
<td>$ 1,452 or below</td>
<td>Between $1,453 and $2,177</td>
<td>Between $2,178 and $2,902</td>
<td>$2,903 or above</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$ 1,830 or below</td>
<td>Between $1,831 and $2,744</td>
<td>Between $2,745 and $3,659</td>
<td>$3,660 or above</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$ 2,208 or below</td>
<td>Between $2,209 and $3,312</td>
<td>Between $3,313 and $4,416</td>
<td>$4,417 or above</td>
<td></td>
</tr>
</tbody>
</table>

All memberships expire at the end of each calendar year

Site: ___________ ☐ New participant ☐ Renewal ☐ Card # ___________ Card Printed ___________

PLEASE TURN OVER
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Medical/Allergies/etc.: ________________________________________________________________

Emergency Contact: Please provide two contacts.

1. In Case of Emergency (ICE), Notify: ________________________________________________
   Relationship: ___________________________ ICE Phone Number: ________________________

2. In Case of Emergency (ICE), Notify: ________________________________________________
   Relationship: ___________________________ ICE Phone Number: ________________________

PERMISSION: In the event of any injury requiring medical attention, I hereby grant permission to the Serving Older Adults of Southeast Wisconsin, Inc., (SOA) staff (including volunteers) to attend to me including seeking medical attention.

WAIVER: I understand that I should seek consultation from my doctor about whether I can safely participate in any activity, program, or special event at the center. I recognize that unanticipated situations and problems can arise during activities that are not reasonably within the control of the staff (including vendors, volunteers, and other participants). I therefore agree to release and hold harmless SOA, Milwaukee County Department on Aging (MCDA), Milwaukee County, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest, and expense (including attorneys' fees and costs, accident, injury and medical services) arising from such activities.

PHOTO PERMISSION/RELEASE: I understand that there are times when the local news media, national news media and/or nonprofit organizations partnering with SOA’s request the opportunity to videotape, take photographs and/or interview me. By signing this release, I also give permission to SOA to make or use pictures, slides, digital images, or other reproductions of me, or of materials owned by me, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of SOA. I understand that by signing this, I am releasing SOA and its directors, officers, employees, and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid until I revoke my permission in writing. I further give my consent to SOA and MCDA to share the participant’s records (in aggregate form) with each other, for reporting purposes and support. In addition, I understand that SOA may use the participant’s records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

Participant Code of Conduct & Addendum

I acknowledge that I have read and agree to abide by the provisions listed in Serving Older Adults Senior Center’s Code of Conduct and the addendum. I understand and agree that by signing this Code of Conduct Addendum I am assuming any risk and liability associated with attending the center should I contract COVID-19.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

Signature: ____________________________ Date: ______________

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