

SOUTH BRUNSWICK SENIOR CENTER
MEMBERSHIP APPLICATION

Date _____

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Address _____

City, State, Zip _____

Birth date (mm/dd/yyyy) _____ Sex: Male _____ Female _____

Primary Language _____

Other Language's Spoken _____

EMAIL Address (to receive newsletter, program updates & additional info) _____

Emergency Contact Information: (Required in the event of emergency)

1. Name _____ 2. Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Relationship _____ Relationship _____

Below information OPTIONAL but is helpful if you care to share:

Income: (income is used for discount & benefit qualification & grants)

0- 15,000 _____ 31,001 -40,000 _____

15,001- 21,000 _____ 40,001 & Over _____

21,001- 31,000 _____

Marital Status: M ___ S ___ D ___ W ___ Previous Occupation _____

Race: (used for grants) _____ Birth Place _____

The following questions are OPTIONAL but helps paramedics in emergencies:

Doctors Name _____

Doctors Address _____

Doctors Phone # _____ Preferred Hospital _____

Allergies _____

Medications _____

Hearing Aid: Yes ___ No ___ Glasses: Yes ___ No ___ Contacts: Yes ___ No ___

Dentures: Yes ___ No ___ Walker/Cane: Yes ___ No ___ Wheelchair: Yes ___ No ___

Any Psychiatric History/Diagnosis? _____

Medical Conditions/Problems _____

Yes

No

Do you live alone?

Do you drive?

Will you need bus service?

Are you a Veteran?

Hobbies / Interests _____

You joined seeking what type of programs/activities: _____

How did you hear about us? _____

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

I wish to become a member of South Brunswick Senior Center and participate in the activities of my choice. Due to the strenuous nature of fitness, dance, and other activities, it is required that your physician complete a medical form regarding your ability to safely participate, prior to registering for any wellness center fitness program. To use the gym machines you must attend one training session and then you may use the equipment at your own risk anytime. Users of South Brunswick Senior Center facilities and participants in the activities should recognize that A: Conditions in and around the recreational facilities and B: The nature of certain activities all present certain reasonable and foreseeable risk of injury. USERS/PARTICIPANTS assume all reasonable risks which may exist by virtue of participation in these activities. User/Participant agrees not to hold the Township of South Brunswick, its employees, or volunteers liable in case of accident or injury while participating. I certify that I have read and understand the above insurance statement and waiver of liability.

Signature of Participant _____ **Date** _____

OFFICE USE ONLY

Age Verified _____ **Type of ID** _____

Address Verified _____ **Type of ID** _____

Citizen: Yes _____ **No** _____

If non citizen how long are you staying: _____

Scan Card Issued _____

Staff Signature _____ **Date** _____