**Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmed Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Thanks*** for visiting our center. Your assistance is needed to help our agency plan quality services and activities to meet your needs. To best serve you, the following information is requested and will be **kept confidential**.

**Would you like to receive our newsletter? Yes No Emailed Already receives Pick Up at Ctr**

Office Only

Yr \_\_\_\_\_\_\_\_\_\_\_\_\_

Membership

Ck# \_\_\_\_\_\_Cash\_\_\_\_\_\_

recpt.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ white card

\_\_\_\_\_\_\_\_ NAV

\_\_\_\_\_\_\_\_ OR

Office Only

Yr \_\_\_\_\_\_\_\_\_\_\_\_\_

Membership

Ck# \_\_\_\_\_\_Cash\_\_\_\_\_\_

recpt.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ white card

\_\_\_\_\_\_\_\_ NAV

\_\_\_\_\_\_\_\_ OR

|  |  |  |
| --- | --- | --- |
| **New** |  |  |
|  |  |  |
| **Renewal** |  |  |

Office Only

Yr \_\_\_\_\_\_\_\_\_\_\_\_\_

Membership

Ck# \_\_\_\_\_\_Cash\_\_\_\_\_\_

recpt.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ white card

\_\_\_\_\_\_\_\_ NAV

\_\_\_\_\_\_\_\_ OR

**Membership Fee $25** (effective 03/01/16) **Member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CARD: 2016 2017 2018**



|  |
| --- |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Last First Middle Nickname |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  (Street, Apt., PO Box) City Zip Code |
| **Home Phone:** \_\_\_\_\_\_\_\_\_\_\_ **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_  |
| **Email Address: (**optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age Range:** [ ]  55-64 [ ]  65-74 [ ]  75-84 [ ]  85+ **Birthday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  **Female** [ ]  **Male** |
| **Ethnic Background:**  [ ]  American Indian/Alaskan Native [ ]  Asian/Pacific Islander  |
|  [ ]  African-American [ ]  Caucasian (White, not Hispanic) |
|  [ ]  Hispanic [ ]  Other  |
| **Emergency Contact Information:**  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**Areas of Interest:** (check all that apply)

[ ]  Crafts [ ]  Socialization [ ]  Computer [ ]  Volunteer [ ]  Exercise [ ]  Educational Programs

[ ]  Cards [ ]  Dominos [ ]  Dance [ ]  Music [ ]  Billiards [ ]  Other

**Special Note:** Our staff makes every effort to ensure a safe, enriched environment. However, they are not trained to provide special attention, medical or day care services to clients.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please sign the back)**

**RELEASE AND WAIVER OF LIABILITY**

Senior Services, Inc. of Wichita (“SSI”) provides opportunities for a variety of group and individual activities. We are pleased that you have chosen to participate in activities offered by SSI.

 This form (“Waiver”) must be signed by or on behalf of anyone participating in the activities offered by SSI. If any participant fails to sign and submit the Waiver upon arrival, then SSI reserves the right to deny any such participant the opportunity to participate in the planned activities. Please read this Waiver carefully and be aware that, in participating in activities offered by SSI, you will be waiving and releasing any and all claims for injuries or losses you might sustain or suffer as a result of participating in such activities. Please read the following and, if you agree to the terms of this Waiver, sign below where indicated.

 I, the undersigned, being a participant, acknowledge that I have voluntarily elected to participate in one or more of the activities offered by SSI. I recognize and acknowledge that there are certain risks of injury or loss to the person or property of a participant that are possible during participation in such activities. I agree to assume the full risk of any physical injuries, including death, and damages or loss which I may sustain or suffer as a result of participating in any or all of the activities offered by SSI.

 I hereby release, waive, discharge and agree not to sue SSI and its officers, directors, agents, servants, employees, volunteers and/or others acting on its behalf, and the owner(s) of any real property on which SSI conducts its activities and their agents, servants, employees and/or others acting on their behalf, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained or suffered by me, or to any property belonging to me, while participating in the activities offered by SSI.

 It is my expressed intent that this Waiver shall bind me, the participant, any fiduciary acting on behalf of the participant, and the members of the participant’s family and/or spouse, if the participant is alive, and the heirs, assigns and personal representatives of the participant, if the participant is deceased.

 **In signing this Waiver, I acknowledge and represent that I have read the foregoing Release and Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; that no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and that I execute this Waiver fully intending to be bound by the same.**

**Date:**

**Participant’s Signature Print Participant’s Name**