

Cromwell Senior Center Member Registration Form

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: ____ / ____ / _____ Gender: Male Female

Address: _____ City: _____ State: ____ Zip: _____

P.O. Box: _____ Phone: _____ Email: _____

Do you live alone? Yes No Are you a Veteran? Yes No

Marital Status: Married Single Widowed Divorced

Please list any Allergies: _____

Disabled Yes No

Use Assistive Device? Walker Cane Wheelchair Other _____

EMERGENCY CONTACT INFORMATION (provide up to 2 contacts)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

PLEASE COMPLETE THE FORM BY PLACING A CHECKMARK IN EACH SECTION

Ethnicity:	Hispanic or Latino	Race:	African American/Black
	Not Hispanic or Latino		Asian
			American Indian/ Alaskan Native
			Native Hawaiian/Other Pacific Islander
			White

Voluntary Information (will help us to refer you to services available)

Please Check Your Household Annual Income Range

\$0 - \$10,830	\$18,311 - \$24,264	\$36,397 - \$43,710
\$10,831 - \$14,570	\$24,265 - \$32,490	\$43,711 - \$48,528
\$14,571 - \$18,310	\$32,491 - \$36,396	\$48,529 - or above

Do you want to receive our Newsletter via Email? Yes No

Do you want your name published in our Newsletter on your birthday month? Yes No

OVER 

MEDICAL RELEASE/INDEMNITY WAIVER

In order to participate in Senior Center Programs, I understand and agree that programs can be physically demanding, but I have the physical ability needed to participate. In the event photos are taken I hereby give permission to use said photos in promotional literature, including but not limited to brochures, flyers and social media. In the event of an emergency, 911 will be called. I hereby give permission to be transported to Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the Town of Cromwell and its employees from any injuries or damage caused by or resulting from participation in any program offered by the Cromwell Senior Center. A photocopy of this waiver form with my signature shall be considered as valid as the original.

Signature: _____

Date: _____

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purposed only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation

Signature: _____

Date: _____

Staff Purposes Only:

Out of Town Resident Fee: \$25.00 per year

Date Paid: _____

Cromwell Senior Center does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, or physical or mental disabilities in its employment practices or the provision of services except where it a requirement of law