Contact Information/Release Form

Please fill out both sides of this form and mail or drop it off to the:

Cromwell Senior Center, 41 West Street, Cromwell, Ct. 06416

860-632-3447

NAME: ______________________________

ADDRESS: ______________________________

PHONE: ______________________________

ALTERNATE PHONE NUMBER: ______________________________

EMERGENCY CONTACT NAME: ______________________________

EMERGENCY PHONE: HOME: ______________________________

WORK: ______________ **CELL:** ______________

EMERGENCY CONTACT NAME: ______________________________

EMERGENCY PHONE: HOME: ______________________________

WORK: ______________ **CELL:** ______________

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 for the Senior Center to use said photos in promotional literature, including but not limited to, brochures and flyers. In the event of an emergency and the emergency contact person cannot be reached, 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 financial 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 Photostat copy of this waiver form with my signature shall be considered as valid as the original.

Signature______________________________

Date______________________

Contact Information/Release Form Cont.

The following information is voluntary, but would assist us with keeping our statistics current for grant purposes.

DATE OF BIRTH:_____

Would you like to participate in our monthly Birthday Party Program?
Please Check Yes_____ or No_____

RACE:_____

DISABLED: Please check Yes_____ or No_____

USE WHEELCHAIR OR SCOOTER: Please check Yes_____ or No_____

E-MAIL ADDRESS_____

If you do not already, would you like to receive our monthly newsletter by e-mail?
Please check Yes_____ or No_____

Effective July 1, 2016

All Non-Cromwell Residents must pay an annual $25.00 membership fee per person to participate in programs that are open to area town residents.

Also all resident and non-resident members must have on file a Contact Info/Release Form including the signed Release portion. This is mandatory to start or continue to participate in all Senior Center programs.

If you have not submitted these forms to the Senior Center or are not sure if you have submitted these forms please do so as soon as possible. Thank you for your cooperation.

If you have any suggestions for programs or any suggestions that will help us continue to serve Cromwell Senior and Disabled residents in the best way possible, please contact us by phone at 860-632-3447 or by e-mail at cjackson@cromwellct.com