**Welcome to the**

**James B. Adams, Sr., Senior Citizens Center**

**MEMBERSHIP APPLICATION AND AGREEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | | | | | | | | Date of Birth | | |  | |
| Address | | |  | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | State |  | | | | | | Zip Code | | |  |
| Phone Number(s) | | | | | | | | ( ) | | | |  | | ( ) | | | | | |
| E-Mail Address | | | | | |  | | | | | | | | | | | | | |
| **EMERGENCY CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | Relationship | | | | | |  | | |
| Phone Number(s) | | | | | | | ( ) | | | | |  | | ( ) | | | | | |
| E-Mail Address | | | | |  | | | | | | | | | | | | | | |
| **MEDICAL INFORMATION**  Any medical information that may be helpful in the event of an emergency: (i.e. medications, heart problem, diabetes, allergies, food sensitivities): | | | | | | | | | | | | | | | | | | | |
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| **RELEASE:** As part of my membership, I recognize that programs involving physical activity have inherent risks of injury and/or damage and I assume any and all such risks, as well as the responsibility to be fully aware of the inherent risks associated with any program for which I register, before I begin participation. BLEC and its employees and volunteers will not be liable for injury or damage that occurs as a result of such risks and I waive and release the BLEC and its employees and volunteers from any such liability. I also grant full permission to the BLEC to use my name, photograph, videotape or recording for any publicity promotion purposes without obligation or liability. | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | Date | | |  | | | |