

SENIOR CENTER REGISTRATION FORM

JULY 2018-JUNE 2019

Confidentiality: All of the information being requested is for our records. The information you provide will be kept completely confidential. YOUR cooperation in providing this information is both appreciated and necessary.

Name: _____ Spouse: _____
(if member)

Address: _____
Last First Middle Last First Middle

Number Street City Zip Code

Telephone: () _____ Date of Birth: ____/____/____ Spouse: ____/____/____
Month Day year Month Day Year

Cell phone: () _____

E-mail Address: _____



Allergies to drugs or food: _____

Any **special medications**, important medical information: _____

List any special medical alert or medications: _____

Physician/HMO Name: _____ Telephone #: _____

Physician/HMO Name: _____ Telephone #: _____

Emergency Contact: _____ Telephone #: _____

Emergency Contact: _____ Telephone #: _____

- FOR OFFICE USE ONLY -

PAYMENT INFORMATION		Membership Type	
Amount Paid \$ _____	Receipt # _____	Date Received _____	____ Year Round ____ Spring Break ____ Summer Break
FORMS SUBMITTED			
____ Participant's Waiver, Release, Assumption of Risk & Indemnity Agreement		____ Medical Information & Consent to Medical Treatment	
____ Other _____			
KIDS TRACK SYSTEM			
Date Entered _____		Entered By _____	
SPECIAL NOTES			
_____ _____ _____			

City of Marina Recreation & Cultural Services Department
211 Hillcrest Avenue • Marina, Ca 93933 • www.ci.marina.ca.us • 831.884.1253 Ph • 831.384.9148 Fx

Youth Center
831.884.1247

Teen Center
831.884.9542

Senior Center
831.384.8009

Sports Desk
831.884.1254

MEMBERSHIP FEES

Memberships are valid from July 1, 2018 to June 30, 2019

Resident\$20.00

Non-Resident..... \$35.00

Membership fees pro-rated: If membership for Marina residents is acquired September or later, the fee will be calculated at \$2.00 per remaining month of the fiscal year ending June 30, 2019 – for non-residents the calculation is \$3.50 per remaining month.

- **Please note:** It is possible to waive membership fees for those seniors suffering financial hardship

If you have any questions on activities or events held at the Marina Senior Center please contact us by calling: **(831) 384-6009**.

See you soon,

Marina Senior Center Staff

VIDEO-PHOTO RELEASE

I understand that during the City of Marina program and or activity, my photograph may be taken by the City of Marina, producers, sponsors, organizer and or assigns. I agree that my photograph, including video photography, film photography, or other reproductions of my likeness, may be used without charge for such purpose as they deem appropriate **PROVIDED** I am given advance notice of its use.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event my spouse is not available for consultation, I do hereby authorize and consent to emergency medical treatment by any licensed medical physician or licensed emergency care personnel until such time as I have been taken (if necessary) to an emergency care facility or hospital. At such time as my medical conditions shall be deemed “non-life threatening,” then further medical care shall be made under the direction of my physician (listed above) and with consent of my spouse. This authorization is given pursuant to the provisions of the California Civil Code. This consent shall remain in effect until June 30, 2019.

RELEASE FROM LIABILITY

I agree to indemnify and hold harmless from liability the City of Marina, its member chapters and/or any of their agents, servants, and or employees by reason of any accident, death injury or damages to persons or property which I may suffer, from and against any and all liability arising out of or connected in any way with my participation in the City of Marina program and/or activity provided that accident, death injury or damages shall have been an un-intentional accident or through my own carelessness. I agree to assume all responsibility for any property damage or injury to any person caused by my negligence while participating in the City of Marina program and/or activity. This release does not extend to the negligence and/or carelessness of others.

I have read, understand and approve the above photo, medical and liability release items.

Dated:_____ By:_____ Signed:_____

Dated:_____ By:_____ Signed:_____