



Brandywine Senior Center Membership Form

Date Joined: _____ Married _____ Single _____ Widowed _____ Divorced _____

Male _____ Female _____ Birth date: _____ Age: 50-64 _____ 65-79 _____ 80+ _____

Last name: _____ First name: _____

Address: _____
Street City State Zip

Home phone: _____ Cell phone: _____

Email address: _____

Emergency contact1: _____ Relationship: _____ Phone: _____

Emergency contact1: _____ Relationship: _____ Phone: _____

Physicians Name and Telephone: _____

Physicians Address: _____

Employment status: FT _____ PT _____ Unemployed _____ Retired _____

Health Insurance Y _____ N _____ Provider: Medicaid _____ Medicare _____ Private: _____
Company name

Household Data: # in Household: Adults _____ Ages: _____ Children: _____ Ages: _____

Race: African American _____ Asian _____ Caucasian _____ Native American _____ Other _____

Ethnicity: Hispanic _____ Non-Hispanic _____

What are your interests: Bingo _____ Exercise _____ Line Dancing _____ Water Exercise _____ Crafts _____

Pool _____ Ceramics _____ Cards/Games _____ Trips/Travel _____ Computers _____

Painting/ Watercolor _____ Needlework/Sewing _____ Other _____

Would you be willing to lead an activity or group and share your experience? Yes _____ No _____

What was your main reason for joining the Brandywine Senior Center? *(Please check all that apply)*

New to area _____ Distance _____ Socializing _____

To keep active _____ Other: _____

Please read and sign the back page

WAIVER AND RELEASE:

In consideration of my being permitted to use the facilities of the Brandywine Senior Center (hereafter collectively referred to as the "Center"), I hereby voluntarily assume any and all risks of personal injury which might be associated with my use of the "Center" as I am aware of the risks of bodily injury or death which might result from physical exertion or my use of the fitness equipment, exercise areas, and programs and activities of the "Center".

I further voluntarily release and forever discharge Brandywine Community Resource Council, Inc. (dba Claymont Community Center), Brandywine Senior Center, its successors, assigns, board members, officers, employees and agents from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss or damage or injury (including death) that I may sustain by reason of physical exertion, use of fitness equipment, any and all programs and activities of the "Center".

I hereby certify that I am in good physical condition and that a licensed physician has verified that my physical condition is at a sufficient level to enable me to use the "Center" and participate in its activities safely. I will consult with my personal physicians prior to starting any program that involves physical activity. I will inform the "Center" employees or activity instructors if I experience pain, fatigue, shortness of breath, chest pain, or other discomfort. Furthermore, I give consent for emergency medical treatment to be given.

This release shall be binding upon my executors, administrators, heirs, successors and assigns. I have read and fully understand this Waiver and Release and am voluntarily signing it. I intend this Waiver and Release to be legally binding upon myself and my executors, administrators, heirs, successors, and assigns.

Applicant's signature: _____ Date: _____

**Thank you for your interest in the Brandywine Senior Center!
We look forward to serving you and helping to make your experience a positive one.**

OFFICE USE ONLY:

Date: _____ Check Amt: _____ Check #: _____ Cash Amt: _____

Staff Initials: _____