

Last Name: _____



CITY OF MILPITAS RECREATION SERVICES
Barbara Lee Senior Center Membership Registration Form
One Form per Participant

I live:

In Milpitas Outside Milpitas

I am interested in (choose all that apply):

<input type="checkbox"/> Classes	<input type="checkbox"/> Trips	<input type="checkbox"/> Drop-In Programs
<input type="checkbox"/> Nutrition Program	<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Educational Seminars
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Other _____	

Staff Use Only
New _____ Renewal _____

Date Rec'd _____

Staff Initials _____

Receipt # _____

Credit Card Cash Check

Participant Information (Please Print): REQUIRED INFORMATION (*)

*Last Name	*First Name	*Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Address (#, street, unit)		Home Phone #	
*City, State, Zip Code		Cell Phone #	
Email-Address:		Work Phone #	
Spouse's Name (First and Last):		<input type="checkbox"/> Husband <input type="checkbox"/> Wife Is Spouse a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Allergies: (Food, Medication, Other)

The information below is needed in case of an emergency. The City of Milpitas will maintain your medical history and information in conformance with all applicable laws to ensure its confidentiality.

Check all conditions that apply:		X	Medications:
1. Angina			
2. Asthma			
3. Cancer			
4. Congestive Heart Failure			
5. Diabetes			
6. Emphysema			
7. Heart Attack			
8. High Blood Pressure			
9. Seizure		Indicate Date of Last Seizure:	
10. Stroke			
11. Other			
12. *Disability/Diagnosis			
13. Mobility Aids Used (circle all that apply):		Cane	Walker
		Wheelchair	

Emergency Contact Information*

Name (First & Last)	Relationship	Home Phone #	Cell Phone #
Name (First & Last)	Relationship	Home Phone #	Cell Phone #



**DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A
WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND.**

I, the undersigned, agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by myself arising out of or in any way connected with my participation in any Barbara Lee Senior Center arranged trip, class, or activity. I also agree as a participant of any free event, class, activity, or program to grant full permission to the City of Milpitas to use my name and any photograph, videograph, motion picture or recordings for any publicity and promotion purposes without obligation or liability to me. I have read, understand, and agree to all of the policies of the Senior Center in regards to Refunds/Cancellations/Transfers of programs and trips, Rules of Conduct/Participant Criteria and Discipline Policy as described in the newsletters and at the Senior Center.

I hereby authorize the City of Milpitas Recreation Services to procure and consent to medical, hospital, or dental care for myself in the event of injury or illness to me as a result of my participation in this program.

Signature: _____ Date: _____