

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):

- Classes Trips Drop-In Programs
 Nutrition Program Fitness Center Educational Seminars
 Case Manager 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		<u>Indicate Date of Last Seizure:</u>
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: _____