



**MEMBERSHIP FORM**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

Primary Language:  English  Spanish  Haitian Creole  Other **Veteran:**  Yes  No

<p><b>* Ethnicity:</b></p> <p><input type="checkbox"/> African-American/Black</p> <p><input type="checkbox"/> American Indian/ Alaskan Native</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Latino/Hispanic</p> <p><input type="checkbox"/> Other</p>	<p><b>* Annual Income Level:</b></p> <p><input type="checkbox"/> \$12,000 and below</p> <p><input type="checkbox"/> \$12,000 - \$30,000</p> <p><input type="checkbox"/> \$30,000 - \$50,000</p> <p><input type="checkbox"/> \$50,000 - \$75,000</p> <p><input type="checkbox"/> \$75,000 and up</p>
--	---

*\* This information will be used to improve the services and programs GGSC provides to you. Your personal information will not be shared with any other party.*

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical conditions of which we should be aware? \_\_\_\_\_

**Waiver of Liability and Release for Adult Participants/Attendees**

In consideration of my participation and/or attendance in any activity offered by Collier Senior Center- Golden Gate, including my mere attendance at Collier Senior Center- Golden Gate, I agree to indemnify and hold Collier Senior Center- Golden Gate, harmless and hereby waive, release and discharge any and all claims for damage, death, personal injury, bodily injury or property damage which I may have now or at any time in the future , to the fullest extent permitted by law against Collier Senior Center- Golden Gate, its directors, officers, employees, agents, volunteers, independent contractors or instructors from and against any claim, cause of action, or liability arising out of or connected in any way with my participation in a class, trip or activity, even though that liability may arise out of negligence or carelessness.

I understand that accidents and injuries can arise from participation in a class, trip or activity. I hereby acknowledge that I am aware of the risks and I hereby agree to assume those risks and to release and to hold harmless the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns.

I have read and agree to registration and program policies. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for Collier Senior Center- Golden Gate promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_