

Name:

First Name _____ Middle Initial _____ Last Name _____
 Preferred Name _____ **Gender** Female Male
 Date of Birth _____ / _____ / _____

Age Verification Documentation Driver License's Other
 Self-Declared (sign Age Affidavit below)
Age Affidavit: I declare that I am 60 years of age or older _____

Last, First

Phone: _____
 Home Address _____
 City _____ State _____ Zip _____ County _____
 Mailing Address, if different from above _____
 City _____ State _____ Zip _____
 Email _____

Ethnicity Hispanic or Latino Not Hispanic or Latino
Race American Indian/ Alaskan Native Asian
 Black/ African American Native Hawaiian/ Other Pacific Islander
 Non-Minority (White, Non-Hispanic) White, Hispanic
 Other (Specify) _____
 Does the client Understand English? Yes No If not which language does client speak? _____
 Do you have a disability that limits activities such as mobility or self-care? Yes No
 Is your household income below poverty level? (see chart) Yes No
 Emergency Contact _____ Emergency Contact Phone _____
 Do you live alone? Yes No Are you a Veteran? Yes No

I understand that the center/site has a grievance procedure posted that will tell me how to lodge a complaint in the event that I feel I am being discriminated against due to my race, creed, color, sex, age, or national origin. I understand that the information on this form may be used in statistical reports and I hereby give my permission to use the information collected about me if it does not identify me personally by name.

Year 1: Name _____ Date _____
 Year 2: Name _____ Date _____
 Year 3: Name _____ Date _____

OFFICIAL USE ONLY

Site _____
For what reason is the individual eligible for congregate meals?
 Age 60 + Spouse of 60+ participant Program volunteer
 Non-elderly disabled individual residing with eligible participant or living on site
Is the individual high nutrition risk? Yes No

Date Joined: _____
 Amount Paid: _____
 Payment Type: _____
 Payment. Processed By: _____
 Entered Into System By: _____
 New Member: _____

Date Joined: _____
 Amount Paid: _____
 Payment Type: _____
 Payment. Processed By: _____
 Entered Into System By: _____
 New Member: _____

Date Joined: _____
 Amount Paid: _____
 Payment Type: _____
 Payment. Processed By: _____
 Entered Into System By: _____
 New Member: _____

Rate: \$65 Annually (if paid by 8/31) Membership Year: July 1 – June 30
Make Checks Payable to: MJSAC (Mt. Juliet Senior Activity Center) / Credit Cards add 5% Processing fee

WAIVER AND RELEASE OF LIABILITY

As a voluntary participant in activities and events, I agree to assume any and all risks of bodily injury or property damage, whether those risks are known or unknown. I hereby release, forever discharge and agree to hold harmless the Mount Juliet West Wilson County Senior Citizens Service Center (dba Mt. Juliet Senior Activity Center), its director, employees and agents from all claims or liabilities of any kind relating to my participation in events through or at MJSAC. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for MJSAC promotional materials and publications. By signature below, I acknowledge that I have read this statement and understand its content.

Member Signature: _____ Date: _____

MEMBER INTERESTS

Please indicate your interests with the Senior Center:

- | | | | | |
|---------------------------------------|---|---|--|--------------------------------------|
| <input type="checkbox"/> Billiards | <input type="checkbox"/> Fitness Room | <input type="checkbox"/> Line Dancing | <input type="checkbox"/> Knit/Crochet | <input type="checkbox"/> Pinochle |
| <input type="checkbox"/> Tai-Chi | <input type="checkbox"/> Exercise Classes | <input type="checkbox"/> Ballroom Dancing | <input type="checkbox"/> Senior Services | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Trips/Travel | <input type="checkbox"/> Special Events | <input type="checkbox"/> Lunch Program | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Hand & Foot |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Choir | <input type="checkbox"/> Music | <input type="checkbox"/> Gardening | <input type="checkbox"/> Bingocize |
| <input type="checkbox"/> Quilting | <input type="checkbox"/> Art Classes | <input type="checkbox"/> Acting/Drama | <input type="checkbox"/> Bunco/Games | <input type="checkbox"/> Euchre |

GUIDELINES FOR MEMBERSHIP

- Obey the Golden Rule: "Treat others as you would like to be treated."
 - Members must wear name badge and must sign in when entering the building for any reason. Members must also sign out upon exiting the building.
 - Only products or services that benefit the Center may be sold on the premises, with advance permission.
 - Anyone under the influence of drugs or alcohol will not be allowed on the premises.
 - THIS IS A SMOKE-FREE FACILITY. Smoking is allowed only in designated areas.
 - Gambling, vandalism, and/or loud and disorderly conduct are not permitted on the premises.
 - Equipment, tools, supplies, or any property of the Center may not be removed from the premises without the permission of the Executive Director or Board Chairperson.
 - This is an older adult facility. Children should not be in the building unless supervised or unless the scheduled program is designated for "families".
 - Inappropriate behavior (creating a disturbance, interrupting programs, using foul language, etc.) will not be tolerated. The appropriateness of member behavior shall be set by Center staff.
 - Bullying by any member towards another member or staff will not be tolerated. You will face disciplinary action, up to being removed as a member.
- Failure to comply with these basic rules and regulations and others listed in the Membership Guidelines will result in termination of membership and exclusion from the premises.

Initial

I have been informed that a copy of the Membership Guidelines is available (print version or online) and understand that it is my responsibility to read and fully understand the rules and regulations of the Mt. Juliet Senior Activity Center.

SIGNATURE

By my signature below, I acknowledge that I have read or have had explained to me this document and understand its contents.

Signature: _____ Date: _____

EMERGENCY INFORMATION FORM
(All information will be kept confidential)

Member's Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone No. _____ Cell Phone No. _____
Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home Phone No. _____ Cell Phone No. _____

MEDICAL INFORMATION

Doctor's Name: _____
Doctor's Phone Number: _____
Preferred Hospital: _____
Food Allergies: _____
Medicine Allergies: _____
List of Medications Taken Regularly & Dosage: _____

Health Insurance Provider: _____
Policy Number: _____
Provider's Phone No. _____

Please submit an updated form if listed information changes
EMERGENCY INFORMATION FORM

Hold Harmless and Indemnification:

(Page 4)

In consideration and acceptance of my participation, I, for myself, my executors, administrators and assignees, do hereby release and discharge the Mt. Juliet Senior Activity Center, all sponsors, coordinators and individuals assisting in the coordination of the trips from all claims of damages, demands, actions, whatsoever rising out of my participation in this activity.

I attest and verify that I have full knowledge of the risks involved in this activity and I am physically healthy enough to participate in this activity.

Signature:

Date:

Rev. 6/2019

It is necessary that this form be completed by every member attending the Mt. Juliet Senior Activity Center so that if there is a medical emergency, we will have information to provide to medical professionals.