

**Department on Aging Senior Center
Registration Form**

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth: ____/____/____ **Phone:** _____ **Cell:** _____

Email: _____

Mailing Address: _____ **P.O. Box:** _____

City: _____ **State:** _____ **Zip:** _____

Do you live alone? ☐ Yes ☐ No **Are you a Veteran?** ☐ Yes ☐ No **What Branch?** _____

PLEASE COMPLETE THE FORM BY PLACING A CHECKMARK IN EACH SECTION

| | |
|--|---|
| Ethnicity: <input type="checkbox"/> Hispanic or Latino | Race: <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> American Indian/ Alaskan Native |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| | <input type="checkbox"/> White |

Please list any Allergies: _____

Do you participate at another senior center? ☐ Yes ☐ No

If so, what is your My Senior Center key tag number? X _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Relation:** _____ **Phone:** _____

WARNING, LIABILITY, RELEASE, ACKNOWLEDGEMENT, ASSUMPTION OF RISK AND PHOTO AND VIDEO RELEASE

I agree to indemnify the Department on Aging/Jackson County Local Government and hold it and all of its directors, officers, employees, and agents harmless from any costs or expenses arising out of any claim and from all risks and hazards relating in any way to participating or volunteering. I also agree to follow all rules and procedures of the Jackson County Senior Center and to follow the reasonable instructions of the directors, officers, employees, and agents.

I, the undersigned, hereby grant the Jackson County Department on Aging permission to take photographs and or videos of me, and irrevocably consent to and authorize the use and publication of any photo or video for the Jackson County Department on Aging, or anyone duly authorized by Jackson County Department on Aging, for any legitimate purposes, including advertisements, newsletters, websites, social media sites, and events, at any time in the future. I also consent to the use of my name in connection with such publications.

I understand that the center maintains a computer lab and can use it unless otherwise scheduled. By signing this form, I acknowledge I am not permitted to load, remove, change, or delete software or files. I must use precautions when sending or receiving information over the internet to prevent viruses, worms, Trojan horses, and other potentially damaging software from the internet. I will not access inappropriate web sites and/or download any materials on the internet nor forward jokes or chain letter messages.

I understand that I may need to sign additional waiver forms for specific activities, classes, events, fundraisers, programs, and/or trips as required by the Jackson County Department on Aging, Senior Center. I also understand and have been given the Jackson County Department on Aging, Senior Center policies, and procedures manual.

SIGNATURE: _____ **DATE:** _____