



EMERYVILLE SENIOR CENTER 2021 PARTICIPANT REGISTRATION FORM

\$30.00 Annual Membership Fee

ALL INFORMATION PROVIDED IS CONFIDENTIAL

AND WILL BE USED FOR STATISTICAL REPORTING ONLY

NEW MEMBER APPLICATION

Scan Card # _____
(office use only)

Emeryville Senior Center • 4321 Salem Street, Emeryville, CA 94608 • (510) 596-3730

Participant Information (Please Print)

First Name:		MI:	Last Name:	
Date of Birth: ____/____/19____		Home Phone: (____) ____-____		Cell Phone: (____) ____-____
E-Mail:			<input type="checkbox"/> Check if you would like to receive our monthly newsletter, "The LINK" by e-mail.	
Address:			Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:		State:	ZIP Code:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender: female-to-male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Transgender: male-to-female <input type="checkbox"/> Not listed. Please specify: _____ <input type="checkbox"/> Declined/Not Stated				
What was your sex at birth? (check only one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Declined/Not Stated				
How do you describe your sexual orientation or sexual identity? (check only one)				
<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Not listed. Please specify: _____ <input type="checkbox"/> Declined/Not Stated				
Ethnicity: (check only one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino <input type="checkbox"/> Unknown				
Race: (check only one)		<i>Asian:</i>		<i>Hawaiian/Other Pacific Islander:</i>
<input type="checkbox"/> African American <input type="checkbox"/> American Indian /Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State <input type="checkbox"/> Other Race		<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino		<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian
Emergency Contact:		Name:		
		Relation:		Phone: (____) ____-____
		Doctor's Name:		Doctor's Phone: (____) ____-____
Hospital Facility (medical/surgical care):				

ANNUAL FEE OF \$30.00 PER PERSON. (EXPIRES ONE YEAR FROM DATE OF REGISTRATION.)

Payment form: <input type="checkbox"/> Cash (select one) <input type="checkbox"/> Credit from Trip Account (if available) <input type="checkbox"/> Check/Money Order # _____ <input type="checkbox"/> Credit Card: (circle one) VISA AMEX Master		<input type="checkbox"/> Check this box if you are low-income and would like to qualify to have your membership fee waived. _____staff initials for approval
(Only complete credit card information if applying by mail. Otherwise, leave blank.)		

Card Number:	Expiration: ____/____
Payment Signature:.....	Date: _____
	CCID#: _____

PLEASE COMPLETE BOTH SIDES OF APPLICATION. (OVER)

Are you interested in volunteering at the Senior Center?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Volunteer Interests:	<input type="checkbox"/> Special Events	<input type="checkbox"/> Meal Program
	<input type="checkbox"/> Greeter	<input type="checkbox"/> Other: _____
Do you receive Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you do not receive SSI, is your income:		
Over \$851.00 per month for an individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Over \$1,141.00 per month for a couple?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you considered low income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Without assistance, you (the applicant/client) are NOT able to perform: <i>(Please check all that apply)</i>		
<input type="checkbox"/> Eating	<input type="checkbox"/> Getting in and out of bed	<input type="checkbox"/> Preparing meals
<input type="checkbox"/> Dressing	<input type="checkbox"/> Using a telephone	<input type="checkbox"/> Shopping for personal items
<input type="checkbox"/> Bathing	<input type="checkbox"/> Managing medication	<input type="checkbox"/> Doing light housework
<input type="checkbox"/> Toileting	<input type="checkbox"/> Managing money	<input type="checkbox"/> Transportation
<input type="checkbox"/> Walking		
_____ # (ADL)		_____ # (IADL)

Photo Release: I acknowledge that the City of Emeryville takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image by the City for such purposes. I understand I will not be compensated for use of such photos or videos.

<input type="checkbox"/> Yes	The Emeryville Senior Center has my permission to use photos of me engaged in a Senior Center Activity.
<input type="checkbox"/> No	Please do not use photos of me in Emeryville Senior Center activities for any publication.

CITY OF EMERYVILLE WAIVER AND CONSENT AGREEMENT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS CITY ACTIVITY OR USE OF ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF EMERYVILLE, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as "Releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission, including gross negligence and/or willful disregard, of the Releasees or otherwise while the undersigned is participating in the City activity or using any City facilities in connection with such activity.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the Releasees' right to indemnify or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the release or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES AND ACCEPTS FULL RESPONSIBILITY FOR ANY AND ALL LOSS, BODILY INJURY, DEATH OR PORPERTY DAMAGE while upon City property or participating in the activity or using any City facilities and equipment whether caused by any negligent act or omission of Releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnify agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I hereby acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City or its employees, agents, or officers if I am injured or damaged for any reason because of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made to me.

Signature Required:	Date:
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THANK YOU!

For Office Use Only:	Card _____	Mailing _____	Registration Date: ____/____/____
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