



Pelham Senior Center Membership Application

Please print clearly.

Date _____

Last Name _____ First Name _____ (Circle) Gender M / F

Home Address _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

County _____ Date of Birth _____

Home Phone Number _____ Cell Phone Number _____

Email Address (**PRINT CLEARLY**)

Emergency Contact:

1. Name _____ Relationship _____

Home Phone Number _____ Cell Phone Number _____

2. Name _____ Relationship _____

Home Phone Number _____ Cell Phone Number _____

Additional information we need to know _____

Participant Release

I authorize and give my consent for any emergency medical treatment for myself anywhere/anytime should it be deemed advisable by a qualified medical doctor, and the transportation to the nearest hospital reasonably accessible. I understand this to avoid undue delay and to assure prompt attention/treatment in an emergency. I authorize the City of Pelham to take all necessary steps to insure my health & safety in case of an emergency and to administer any needed medications. In case of accident or injury I will not hold the City of Pelham, or its employees responsible. I understand and assume all risks that may occur during my participation in these programs. I understand that should any injury occur to me at this center, I will be responsible for all medical treatment and other cost through my medical insurance policy and /or personal finances.

Release of Photographs

I understand there will be opportunities for photographs to be used for promotional/information purpose (e.g. print publications, display at City of Pelham's facilities and/or posted on City of Pelham's website, social media and/or print media.

Electronic Communication Consent

I am authorizing the City of Pelham to send me future written correspondence via email and/or text messaging. My email and/or text messaging authorization does not obligate the City of Pelham to communicate with me by email and/or text messages to my cell phone or cease non-electronic communication. I acknowledge that some circumstances may prevent the City of Pelham from responding to my inquiry by email and/or text messaging.

I CONSENT to the City of Pelham contacting me via text messaging using the cell phone number I provided.

I CONSENT to the City of Pelham contacting me via email using the email address I provided.

I am authorizing the City of Pelham to send me future written correspondence regarding information relevant to (INSERT DEPARTMENT NAME HERE) in the City of Pelham.

I CONSENT to the City of Pelham contacting me via text messaging using the cell phone number I provided.

I CONSENT to the City of Pelham contacting me via email using the email address I provided.

Signature: _____ Date: _____

Staff signature: _____