



**Anderson Mill
Parks & Recreation**

Receipt Number # _____

Senior Center Membership Application

Adult Last Name (Primary Contact)	Adult First Name	D.O.B / /	M / F	Pass #	Fee
Adult Last Name (Secondary Contact)	Adult First Name	D. O. B / /	M / F	Pass #	Fee
Residential Address		Primary E-mail			
City/State/ Zip		Secondary E-mail			
Day/Work Phone	Home Phone	Emergency Phone			

What hours would you like the Senior Center to be open?

What activities and/or programs would you like to be available at the Senior Center?

What types of events would you like to see at the Senior Center?

What types of day trips/ field trips would you like to participate in?

ASSUMPTION OF RISK

PLEASE READ BEFORE SIGNING BELOW

It is understood that some recreational activities including but not limited to, swimming, aerobic exercise, running, and exposure to sunlight involve an element of risk or danger of accidents, skin cancer and/or drowning, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this assumption of risk is to be binding on my heirs, assigns and all persons living in my household. I have also read and understand the pool and fitness center rules.

Print Name _____ Signature _____ Date ____/____/____

Office Use Only	Date Processed	Registrar Name	Application Comp. YES/NO	Total Amt Paid
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