TOWNSHIP OF ABERDEEN

GEORGE HAUSMANN SENIOR CENTER
PARTICIPANT REGISTRATION FORM
PLEASE PRINT

NAME:_____

ADDRESS:_____

_____

HOME PHONE#_____CELL PHONE#_____

EMAIL ADDRESS: _____DOB_____ AGE_____ F/M_____

PROOF OF RESIDENCY_____LICENSE PLATE NUMBER_____

RESIDENT_____ **NON-RESIDENT FEE**: $35.00 CASH_____CHECK#_____

THIS PORTION MUST BE COMPLETED
EMERGENCY INFORMATION

EMERGENCY CONTACT_____RELATIONSHIP_____

HOME PHONE#_____CELL#_____

NAME OF DOCTOR_____PHONE#_____

MEDICAL CONDITIONS OR SPECIAL NEEDS WE SHOULD BE AWARE OF INCLUDING ANY MENTAL OR PHYSICAL CONDITIONS

_____

_____

I understand that I am participating at my own risk. I agree to hold harmless the Township of Aberdeen, Senior Center, or authorized agents for any injury that I may suffer by participation in any of the programs offered through the Senior Center. This means that you releasing the Township of Aberdeen, the Senior Center, or its authorized agents from any liability for any injury that you suffer as a result of participating in activities sponsored by the Township of Aberdeen Senior Center. By signing this form, you are voluntarily and freely giving up your rights to sue the Township of Aberdeen, the Senior Center, or its authorized agents. Further, by signing this waiver, you acknowledge that you do so voluntarily and of your own free will. You further acknowledge that you have capacity to enter into this agreement releasing the Township of Aberdeen from its liability. You farther understand and agree that your signature on this waiver applies not only to any events listed in the waiver but to any and all events from this forward in which you participate that are sponsored by the Township of Aberdeen Senior Center. By executing this waiver you release the Township of Aberdeen, the Senior Center, or its agents not only from any items listed in this form but from any activities or events that you participate in, in the future. This includes all classes, presentations, trips, senior citizens club meetings, etc.

_____ _____ _____

Participant Signature Date Staff

TOWNSHIP OF ABERDEEN

GEORGE HAUSMANN SENIOR CENTER
30 NOBLE PLACE
ABERDEEN, NJ 07747

MEDICAL RELEASE FORM

I hereby release, waive and agree to hold harmless the Township of Aberdeen, its employees, contractors, associates, departments or other entities or individuals representing the same, with regard to any accidents, illness or personal injury I may suffer, which might result from my participation in any activity or program listed below offered by the Township of Aberdeen. I am aware that it is my responsibility to check with my doctor before beginning any type of activity offered by the Township of Aberdeen. The Township of Aberdeen has advised me that a physician's approval is strongly recommended prior to beginning any exercise program that is offered by the Township of Aberdeen at the George Hausmann Senior Center. I acknowledge I have no mental or physical condition that might compromise my ability to participate in the activities which have not been disclosed to the Township of Aberdeen and I am fully capable of participating in these activities without causing harm to myself or others.

PLEASE CHECK EACH PROGRAM THAT YOU WILL BE ATTENDING:

MONDAYS: ____Country Line Dancing@9am (VFW in Cliffwood) ____Aerobics@10am

TUESDAYS: ____Qigong (low impact Tai Chi)@9am ____Tai Chi@10am

____ Gentle Fitness@11:15am ____Zumba Gold@12:45pm

WEDNESDAYS: ____Strength Training@9am ____Gentle Yoga@10am

____Aerobics@11:30am ____Board Games@12:30pm

THURSDAYS: ____Crafting Class@9:45am ____Get Up & Move@11:15am

FRIDAYS: ____Chair Yoga@10:30am ____Zumba Gold@11:15am

BY SIGNING AND DATING THIS DOCUMENT, I ACKOWLEDGE THAT I HAVE CAREFULLY READ, VOLUNTARILY SIGNED THIS DOCUMENT AND UNDERSTOOD THE ABOVE INFORMATION.

NAME:_____ DATE:_____