Enfield Senior Center Activity Registration Form

299 Elm Street, Enfield, CT 06082
Phone: 860-763-7425 Website: www.enfieldseniorcenter.com

Member Information

Name: _____ Phone: _____

Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Medical Information

Are there any medical concerns or special needs that we should be aware of? If yes, please list here:

_____

_____

For complete information concerning the HIPAA Compliance Program, visit our website at www.enfield-ct.gov or call the Senior Center for more information.

Activity Information

Activity Name	Day (circle)	Time	Fee
_____	M / T / W / Th / F	_____	$ _____
_____	M / T / W / Th / F	_____	$ _____
_____	M / T / W / Th / F	_____	$ _____
_____	M / T / W / Th / F	_____	$ _____
		Total	$ _____

Release & Waiver

In consideration for participating in the above-referenced program/activity sponsored by the Senior Center Division of the Town of Enfield, I hereby waive and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgements, including attorney's fees and court costs, which may arise from my participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I will participate as part of the above-referenced program activity. I further represent that I am in good physical and mental health condition and that I am unaware of any physical or health condition that would affect my ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of safeguards and appropriate equipment for protection against injury.

Photo Release: The Senior Center reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Senior Center use only and may be used in future catalogs, websites, brochures, pamphlets, and/or flyers.

I have read this document and understand and agree to its terms and conditions.

_____ _____

Participant Signature **Date**