

Clinton Township

Senior Adult Life Center

MEMBERSHIP REGISTRATION

Effective April 1, 2017



- You may enroll at age 55 or older. (One legal partner must be at minimum 55 yrs. old)
- YOU MUST show proof of age & resident/non-resident status
- One I.D. name badge will be provided per member
- All participants must be able to function independently alone or provide necessary assistance as deemed necessary by Administration.

ONE-TIME MEMBERSHIP FEE

Clinton Township Resident

\$ 50.00 Single
\$ 70.00 Married Couple

Non-Clinton Township Resident

\$ 80.00 Single
\$140.00 Married Couple

LAST NAME: _____ FIRST NAME: _____ BIRTHDATE _____

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STREET ADDRESS: _____ APT. # _____

CITY - TWP, STATE: _____ Michigan ZIP CODE: _____

HOME PHONE #: () _____ Cell: () _____

E-MAIL ADDRESS _____ WILL BE KEPT PRIVATE

RACIAL OR ETHNIC BACKGROUND: WHITE/NON-HISPANIC _____ HISPANIC _____

BLACK/NON-HISPANIC _____ ASIAN _____ AMERICAN INDIAN _____

OTHER: _____ *Racial or Ethnic Background is optional, this information is requested by Planning Dept for statistical purposes only.*

EMERGENCY CONTACT # 1 NAME: _____

EMERGENCY NUMBER: HOME () _____ WORK/CELL () _____

RELATIONSHIP: _____

EMERGENCY CONTACT # 2 NAME: _____

EMERGENCY NUMBER: HOME () _____ WORK/CELL () _____

RELATIONSHIP: _____

How did you became interested in center: Cable TV ___ Event ___ Friend ___ Facebook ___

- Please mail my newsletter
- I would like to save the center postage; I will pick up my newsletter.

OVER

**CHARTER TOWNSHIP OF CLINTON SENIOR CENTER ACTIVITY ASSUMPTION OF RISK AND
WAIVER OF LIABILITY AGREEMENT FOR PARTICIPATION**

In consideration and for being allowed to participate in the Charter Township of Clinton Senior Citizen Center as a member, including all programs, activities and services, the undersigned, to the fullest extent permitted by law:

- a. Assumes all risk of injury and property damage and accepts all responsibility in the case of accident, illness, injury or death associated with participation in the Charter Township of Clinton Senior Citizen activities, programs, and services;
- b. Agrees not to sue the Township as a result of any accident, illness, injury, or death incurred or suffered during participation in any activity, program or service;
- c. Acknowledges that this agreement shall be binding upon the heirs, personal representatives, successors and assigns of the undersigned;
- d. Agrees to observe and obey the regulations, policies, and directions, oral or written of the Charter Township of Clinton and its representatives with the further understanding that a failure to follow such regulations, check in guidelines, policies and/or directions may result in immediate discontinuance of membership without refund.

Senior Center Policy:

As events at the Senior Center are videotaped and/or photographed, your photo and/or video in any of our programs may be displayed on Clinton Township Cable TV, pictures may be printed in publications and/or used for publicity of the center and are property of the Clinton Township Senior Adult Life Center.

The Clinton Township Senior Center actively seeks and supports participation by all people with a variety of interests and abilities in its recreational programs and services. The Senior Center will operate its services, programs and activities so that they are readily accessible to and usable by individuals with disabilities. Suggestions are encouraged how programs can better serve people with disabilities. If a personal assistant is needed, please make arrangements prior to attending programs. Personal Assistants are encouraged to attend any activity that their help is requested or required.

The Clinton Township Senior Center is open to all eligible individuals ages 55+. The Clinton Township Senior Center does not discriminate in any way based on religion, race, color, sex, handicap, familial status, national origin, ancestry, marital status or for any other reason(s) prohibited by law. Membership guidelines are subject to change at any time.

Signature of Applicant	Date	Signature of Applicant	Date
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Below for Office use only.....

Residency ID Verified: _____ Badge Printed: _____ Newsletter: Mail Pick-up Fee Paid: _____ Tour Given: _____

Entered into computer by: _____ Emergency card filled out & filed: _____ Misc. notes: _____

Updated: 2/2016