

City of Highland Park Senior Center Membership Registration

54 Laurel Avenue, Highland Park, IL 60035

(847) 432-4110 FAX 432-4531

We appreciate your cooperation in completing this form. The information is confidential, and will help us to serve you. Please return this form by mail or in person to the Senior Center.

Highland Park – Single \$25 _____ Non-resident – Single \$35 _____

Highland Park – Couple \$35 _____ Non-resident – Couple \$45 _____

Check enclosed: \$ _____ or Credit Card # _____ Exp. _____ Signature: _____

Name _____

Birthdate _____ / _____ / _____

Name _____

Birthdate _____ / _____ / _____

Telephone _____

E-Mail _____

Address _____

City _____ Zip _____

Please list two people we could contact if necessary:

1. Name _____ Relationship _____

Address _____ City _____ Phone _____

2. Name _____ Relationship _____

Address _____ City _____ Phone _____

Your doctor's name _____ Phone _____

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and/or participating in programs sponsored by the Highland Park Senior Center, you will be waiving your rights to all claims for injuries you might sustain arising out of participation, and you will be required to indemnify, hold harmless and defend The City of Highland Park for any claims arising out of participation in Senior Center activities.

Risk of Injury: "As a participant in Senior Center activities, I recognize and acknowledge that there are certain risks of physical injury, including but not limited to death, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with participation.

Waiver of Injury Claims: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the Senior Center.

Release from Liability: "I do hereby fully release and discharge the City of Highland Park and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur on account of participation in Senior Center activities."

Indemnity and Defense: "I further agree to indemnify, hold harmless and defend the City of Highland Park and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the Senior Center."

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of Highland Park Senior Center membership.

In the event of any emergency, I authorize the City of Highland Park to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered to me.

I have read and fully understand and agree to the above stated conditions of membership to the City of Highland Park Senior Center.

Signature _____

Signature _____

Date _____ / _____ / _____

Date _____ / _____ / _____

In order to serve you effectively, please help us to learn a little bit about you.

Thank you!

1. How did you hear about the Senior Center? _____

2. What kinds of classes/activities would you like to see offered at the Senior Center?

3. What other groups/organizations are you affiliated with that provide senior activities?

4. When are you most available to participate in programs, classes, trips, and events?
Mornings _____ Afternoons _____ Evenings _____
Weekdays _____ Weekends _____

5. The Senior Center provides a wide variety of volunteer opportunities including shuttle car driving, reception, clerical, answering phones, setting up for parties and lunches.
Are you are interested in volunteering? Yes _____ No _____
If yes, please indicate the areas in which you would like to be involved. _____

6. Members often possess a wealth of skill and knowledge, and are able to teach a class, hold a workshop, or present a lecture.
Would you be willing to share your expertise to provide a program? Yes _____ No _____
If yes, please indicate the area. _____

7. What is your occupational status? Retired _____ Volunteer Work _____
Employed Full-Time _____ Employed Part-Time _____ Unemployed _____

8. What means of transportation do you use most often? Drive own car _____
Driven by friends or relatives _____ Taxi _____ Public bus/train _____ Walk _____ Other _____

9. Please characterize your place of residence. Own home _____ Own condo _____
Rent _____ Highland Park Senior Housing _____ Other _____