

Membership Information

PLEASE PRINT

Date: _____ US Veteran: Yes No
Branch: _____
Name: _____ Date of Birth: _____
Address: _____
City _____ State _____ Zip: _____ County: _____
Home Phone: _____ Cell Phone: _____
Email address: _____

-----**Program Participation Release**-----

I, _____, request that I be allowed to participate in the program / activity at the WOODIE FITE SENIOR CENTER.

To my knowledge I do not have any medical or other condition which would prevent me from participating in the program / activity. I also acknowledge that if I have any reservations or concerns about my medical condition, it is my responsibility to consult with the appropriate medical personnel prior to participating in the program / activity.

I understand that my participation is strictly voluntary. In addition, on behalf of myself, my heirs and next of kin, I release Douglas County, it's officials, employees, volunteers & agents and the WOODIE FITE SENIOR CENTER from any and all liability or responsibility for any and all injuries and/or illnesses resulting from my attendance at or participation in any program or activities related to the WOODIE FITE SENIOR CENTER.

I am satisfied that I understand the potential risks of this program/activity. I do hereby plan to participate in the programs and/or activities provided at the WOODIE FITE SENIOR CENTER.

Signature _____
Date
Received by: _____ Date: _____

Emergency Contact

Name: _____
Relationship: _____
Phone #: _____ Phone #: _____

I have received the New Member Information Pamphlet and I agree to adhere to the WFSC policies for the privilege of membership at the WOODIE FITE SENIOR CENTER.

Signature of Acceptance: _____ Date: _____

Policy on Caregivers/Support Attendants and Their Involvement in Center Activities

When a member is unable to operate independently, a caregiver/support attendant, designated by the member, may attend activities sponsored by the center in order to assist the member in need. A caregiver/support attendant attending with a member will not be required to pay tuition for the class, however should the caregiver/support attendant choose to participate in the class, they must pay the activity fee, supply fee or other miscellaneous fees. The caregiver/support attendant does not need to meet the age requirement for membership, to attend with the member in need of their assistance. The caregiver/support attendant will be required to meet the age requirement should they choose to participate in any activity. The caregiver/support attendant will be required to remain with the member during the class or activity.

The following information is optional.
**This information is need for current grant requirements
and future grant applications.**
This information is kept in the strictest of confidence.

Check below the number of person in your household, and on the same line, check whether the household income is above or below the dollar figure shown on that line.

- ___ 1 persons household income __above __ below \$40,250
- ___ 2 persons household income __above __below \$46,000
- ___ 3 persons household income __above __below \$51,750
- ___ 4 persons household income __ above __below \$57,450
- ___ 5 persons household income __ above __ below \$62,050
- ___ 6 persons household income __ above __ below \$66,650
- ___ 7 persons household income __ above __ below \$71,250
- ___ 8 persons or more household income __ above __ below \$75,850

I am a member of the following racial / ethnic group:

- 1. ___ Caucasian / white
- 2. ___ African American / black
- 3. ___ Native American
- 4. ___ Hispanic
- 5. ___ Asian
- 6. ___ Other _____

**Thank you for your support in our efforts to expand the facilities and
the programs here at the WOODIE FITE SENIOR CENTER**