

**TOWN OF MAMARONECK
SENIOR CENTER REGISTRATION FORM**

Please print clearly!

First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Date of Birth: _____ (required)

Do You Live: Alone With Spouse With Family Other Gender: M F

EMERGENCY CONTACT #1 (required)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Relationship _____

EMERGENCY CONTACT #2 (required)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Relationship _____

Doctor's Name _____

Phone# _____

Address _____ City _____ Zip Code _____

Do you have any medical conditions or medications in use that we should be aware of in case of an emergency?

Are you hearing impaired? Yes No

Are you visually impaired? Yes No

*****PLEASE NOTE*** THE ABOVE INFORMATION MUST BE COMPLETED PRIOR TO PARTICIPATION IN OUR PROGRAMS.**

Waiver: The undersigned hereby releases the Town of Mamaroneck and all of its employees and agents from any liability whatsoever in connection with any damages and/or injuries that the registrant may sustain as a result of his/her participation in the program listed above sponsored by the Town of Mamaroneck.

SIGNATURE

DATE

AMOUNT Cash/check#

DUES: \$35.00 – Checks made out to: "Town of Mamaroneck"