

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.



A Great Place to Call Home!

EMERGENCY CARD/WAIVER FORM
MAPLEWOOD SENIOR CENTER
31735 Maplewood
Garden City, MI 48135-2499
Phone: 734-793-1870
Fax: 734-793-1851

PLEASE PRINT INFORMATION

Last Name _____ First Name _____ DOB _____ Gender F/M

Address _____ City _____ Zip _____ Phone # _____

Email _____

EMERGENCY CONTACTS

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Name of Physician _____ Phone _____

Medical Conditions (Include Medications & Allergies, etc...)

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____

PARTICIPANT INFORMATION RELEASE FORM

I _____ give my permission to the City of Garden City/Maplewood Senior Center
Name to release information provided in this form. I understand that this
information will only be used for emergency purposes by center employees and medical professionals, such as EMT.

Signature

Date

I DO NOT want to release the information on this form. _____

Initial please

ANNUAL INCOME

(At or Under)

Household Size

- 1
- 2
- 3
- 4
- 5

Annual

- \$22,340
- \$30,260
- \$38,180
- \$46,100
- \$54,020

DISABILITIES

- _____ Attendant Required
- _____ Hearing Impaired
- _____ Mobility Impaired
- _____ Sight Impaired
- _____ Other

ETHNICITY

- _____ African American
- _____ Asian American
- _____ Caucasian
- _____ Hispanic
- _____ Multi-Racial
- _____ Native American
- _____ Other

What are your interests and hobbies? _____

Would you be interested in volunteering at the center?

_____ Health/Wellness _____ Fitness _____ Social (Parties, Cards) _____ Nutrition _____ Volunteer _____ Work _____
Information/Services for the Older Adult _____

What else would you like to see offered at Maplewood Senior Center? Please print.

I understand that: 1) participation in City of Garden City programs is entirely voluntary; 2) participation exposes me to the potential for injury, death, property damage and loss; 3) my signature below is my acceptance of any and all associated risks.

I attest to the fact that I am legally competent to understand and accept the associated risks; I agree not to pursue legal action against the City of Garden City for any matters arising as a result of my participation in City of Garden City programs. This assumption of risk is binding on my heirs.

I understand this is a full release of any and all liability against the City of Garden City. I sign it of my own free will.

Signature

Date

PHOTO RELEASE FORM

Garden City Maplewood Senior Center routinely creates various pamphlets, brochures, and maintains a website. We would like to add photos of adults participating in various activities. To that end, we request that you read and sign the photo release form below.

I, _____, hereby authorize the City of Garden City/Maplewood Senior Center permission to use my likeness in printed and digital publications. I understand and agree that any photograph using my likeness will become property of the City of Garden City/Maplewood Senior Center and will not be returned.

I acknowledge that since my participation with the City of Garden City/Maplewood Senior Center is voluntary, I will receive no financial compensation. I hereby hold harmless and release and forever discharge the City of Garden City/Maplewood Senior Center from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature

Date