



ROLLING MEADOWS SENIOR CENTER MEMBERSHIP REGISTRATION FORM JANUARY 1, 2021-DECEMBER 31, 2021

MEMBER INFORMATION

Please check one: Renewing Membership New Member

Last Name _____ First Name _____

Birth Date _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Primary Phone # _____

Emergency Contact Name _____ Emergency Contact Phone _____

MEMBERSHIP OPTIONS

Select all you are interested in: Resident (\$30) Non-Resident (\$35) Woodshop add-on (\$15)

PAYMENT

Balance Due \$ _____ Total Paid \$ _____

Visa Mastercard Discover Amex Check Cash Gift Certificate

Balance Due \$ _____ Total Paid \$ _____

Credit Card # _____ # Exp. Date _____ CVV _____

Signature _____

PROGRAM WAIVER & RELEASE

Please read this form carefully and be aware that in signing up and participating in this program(s) you will be assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) including transportation services and vehicle operations when needed.

I recognize and acknowledge that there are certain risks of physical injury to participate in this program(s) and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child/ward and I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Rolling Meadows Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participation will be denied if the signature of adult participant or parent/guardian and date are not on the waiver.

X _____
Participant's Signature Today's Date