

ELA 55+ REGISTRATION

PLEASE PRINT NEATLY

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

BIRTH DATE MO: ___ DAY: ___ YEAR: ___ TOWNSHIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____
(circle one) Landline or Cell (circle one) Landline or Cell

EMAIL ADDRESS: _____

EMERGENCY CONTACT

EMERGENCY CONTACT

NAME: _____

NAME: _____

HOME PHONE: _____

HOME PHONE: _____

CELL: _____

CELL: _____

PHYSICIAN NAME: _____

PHONE: _____

CIRCLE WHICH APPLIES TO YOU

GENDER: MALE OR FEMALE HOUSEHOLD: LIVES ALONE OR JOINTLY (with someone)

ETHNICITY: CAUCASIAN HISPANIC AFRICAN AMERICAN ASIAN AMERICAN NATIVE AMERICAN

PLEASE LIST

DISABILITES: _____

ALLERGIES: _____

MEDICATIONS: _____

ALL INFORMATION IS CONFIDENTIAL AND DEMOGRAPHIC INFO IS OPTIONAL, USED SOLEY FOR GRANT WRITING.

OVER 

WAIVER

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT, IN PARTICIPATING IN ANY PROGRAMS SPONSORED OR CO-SPONSORED BY ELA TOWNSHIP 55 PLUS, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MAY SUSTAIN WHILE PARTICIPATING.

I am voluntarily participating in any Ela Township 55 Plus program/activity with the knowledge of the danger involved and hereby agree to accept any and all risk of property damage, personal injury or death. I agree to assume the full risk of injuries, including death, damages and loss which I may sustain as a result of participating in any manner.

In consideration of my participation in any Ela Township 55 Plus program, I hereby release Ela Township 55 Plus, it's employees, board of directors and any volunteers working under its name, as well as any and all independent contractors, their employees and volunteers and all other persons and entities, of whatever nature, that might be directly or indirectly liable from any present and future claims, including negligence, for property damage, personal damage, personal injury or wrongful death, arising from my participation in any Ela Township 55 plus program.

Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from my participation in any Ela Township 55 Plus program, including, but not limited to negligence, property damage, personal injury and wrongful death.

I further agree to indemnify, hold harmless, and defend Ela Township 55 Plus and the above parties from any and all claims for injuries, including death, damage and losses sustained by anyone and arising out of, connected with or in any way associated with my conduct and the program.

Further, in the event of an emergency, I authorize Ela Township 55 Plus and the above parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, and agree that I will be responsible for the payment of any and all medical services rendered.

I HAVE READ THIS FORM AND FULLY UNDERSTAND THAT BY SIGNING THIS FORM, I AM GIVING UP LEGAL RIGHTS AND/OR REMEDIES WHICH MAY BE AVAILABLE TO ME.

PRINT NAME

SIGNATURE

DATE _____

FOR OFFICE USE ONLY

ID #1 _____ **ID#2** _____

VERIFIED BY: _____