



SUNNYVALE SENIOR CENTER MEMBERSHIP/FACILITY USE APPLICATION

Membership # \_\_\_\_\_

PLEASE PRINT CLEARLY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: CA Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female For Office Use Only

Email address: \_\_\_\_\_

EMERGENCY CONTACT (Please list 2)

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Voluntary - Please list types of medical conditions and medication for it:

Medical Condition	Medication
_____	_____
_____	_____

Do you carry medication with you?  Yes \_\_\_\_\_  No

Allergies: Drug \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_

Other information you may want medical staff to know or write n/a if not applicable:

use walker/cane  use wheelchair  other \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_ ID # \_\_\_\_\_

I understand and agree that my medical information may be shared with medical personnel, if I have a medical emergency. If I have medical emergency, I give my permission for an ambulance to be called and to have emergency care administered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver of Liability for Adult Participants**

In consideration of participation in a class, trip or activity offered by the Department of Library and Community Services, the City of Sunnyvale, I, the below undersigned, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Sunnyvale, its City Council, employees, agents, volunteers, independent contractors and instructors from and against any liability arising out of or connected in any way with my participation in a class, trip or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in a class, trip or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns.

I have read and agree to registration and program policies. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**(FOR DEMOGRAPHIC DATA ONLY)**

Preferred language spoken:  English  Spanish  Chinese  Tagalog  Other \_\_\_\_\_

**RENEWAL INFORMATION**

<u>RENEWAL DATE</u>	<u>MEMBER'S INITIAL</u>	<u>STAFF/VLTR INITIAL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate your interests with the Senior Center:

Billiards  Fitness Room  Table Tennis

Movie  Card Games  Bridge

Tai-Chi  Other \_\_\_\_\_

Art Classes

Enrichment classes (Health & Wellness classes)

Exercise Classes

Senior Services

Trips/Travel

Special Events

Lunch Program

Ballroom Social Dance/Swing & Sway

Other \_\_\_\_\_