

Newark Senior Center Membership Form  
200 White Chapel Drive  
Newark, DE 19713  
(302) 737-2336

Date of membership: \_\_\_\_\_ Membership fee \$30 per year (*Expires* \_\_\_\_\_)

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street: \_\_\_\_\_ Development: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

City of Newark Resident? \_\_\_ Yes \_\_\_ No Years lived in this area: \_\_\_\_\_

Preferred Means of Contact: \_\_\_ Home phone \_\_\_ Cell phone

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

**Do you have any medical restrictions? If so, please indicate:**

\_\_\_\_\_

**Are you taking any medications? If so, please indicate:** \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IN CASE OF EMERGENCY, who should we notify?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home phone #: (\_\_\_\_) \_\_\_\_\_

Work phone #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

Preferred Means of Contact: \_\_\_ Home phone \_\_\_ Work phone \_\_\_ Cell phone

*Please turn page over*

For staff use only: \_\_\_\_\_  
Member #: \_\_\_\_\_

**I live:** \_\_\_ Alone \_\_\_ With my children \_\_\_ With my husband or wife  
\_\_\_ With other family members \_\_\_ With a friend/roommate \_\_\_ Other

**How did you learn about the Newark Senior Center?** \_\_\_ Friend \_\_\_ Newspaper  
\_\_\_ Internet \_\_\_ Other (Please explain) \_\_\_\_\_

**Referred by:** \_\_\_\_\_

*The following questions are used for statistical purposes only:*

**I am:** \_\_\_ Male \_\_\_ Female

**I am:** \_\_\_ African- American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Other

**I am:** \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino

**Income Level:** \_\_\_ Under \$20, 000 \_\_\_ \$20,001-30,000 \_\_\_ \$30,001-40,000  
\_\_\_ \$40,001 and up

Newark Senior Center  
Participant Waiver and agreement  
Please read and sign:

To the extent permitted by law, the Member will indemnify and hold the Newark Senior Center, their respective agents, representatives, instructors, volunteers, and participating companies and agencies and the Newark Senior Center's property, including the "premises", located at 200 White Chapel Dr., free and harmless from any liability for losses, claims, injury to or death of any person, including the Member, or for damage to property arising from the Member using and occupying the premises or from the acts or omissions of any person or persons, including the Member, in or about the premises with Member's express or implied consent except the Newark Senior Center's act or negligence.

I agree to obey and abide by the rules and regulations of the Newark Senior Center and follow said instructions of same.

I further acknowledge that I am becoming a registered member of the Newark Senior Center in reliance upon this waiver of liability.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*REV. 6/11*