



City of Portsmouth Senior Services

SENIOR ACTIVITY CENTER

REGISTRATION FORM

PLEASE PRINT

FIRST NAME _____ LAST NAME _____

DOB ____/____/____

GENDER female male

Veteran yes no (yes, if you have ever served)

PHONE HOME _____

CELL PHONE _____

EMAIL _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

How would you like to receive the newsletter? Mail Email All set, you pick up a copy around town.

EMERGENCY CONTACT:

NAME _____

RELATIONSHIP TO YOU _____

PHONE 1 _____

PHONE 2 _____

ANY MEDICAL CONDITIONS YOU WISH FOR US TO BE AWARE OF:

HOW DID YOU LEARN ABOUT THE CENTER?: (Help us understand where people are hearing about us)

Newsletter Ch 22 City Website Spinnaker Point YMCA Indoor Pool Supper Club

Healthcare Provider: _____ Friend : _____ Other: _____

GENERAL RELEASE & CONSENT: I assume all risks and hazards incidental to participation including transportation to and from activity, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Portsmouth or its paid or volunteer employees, for any claims arising out of injury. I authorize City of Portsmouth staff to administer basic and temporary first aid to me if necessary. In the event of injury, I give the City of Portsmouth permission to transport me to a hospital or another emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to me if warranted.

PHOTO CONSENT: I hereby grant the City of Portsmouth permission to use my likeness in a photograph, video, or other digital media without payment or other consideration. I understand and agree that all photos will become the property of the *City of Portsmouth*.

Signature: _____ Date: _____