



2023 Senior Center Participant Registration Form



Participant Name: _____ **DOB:** ____/____/____
(First Name) (Last Name) (Middle Initial)

Address: _____ **Apt:** _____ **City:** _____ **ZIP:** _____

Housing Complex (if applicable): _____ **Home Phone:** _____ **Cell:** _____

Email Address: _____ **Email Program/Event Info:** Yes No

Senior Center: (Please mark one) Clinton Rose Kelly McGovern Washington Wilson

How did you hear about us: Friend/Family Brochure Aging & Disabilities Services
 211 Media Professional Agency _____ Other _____

Demographic Information

GENDER: Male Female Other **ETHNICITY:** Hispanic/Latino Non-Hispanic/Latino

MARITAL STATUS: Single Married Partnered Separated Divorced Widowed

RACE: American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White Other Multi-Racial _____

Do You Live Alone? Yes No **Veteran:** Yes No

Spouse/Partner Name (if they attend the center): _____

Family Size and Income Levels

(PLEASE CIRCLE ONE)

The information below is used as compiled data for the purpose of writing grants in support of senior services within SOA.

Instructions	Family Size	Monthly Income Level 1	Monthly Income Level 2	Monthly Income Level 3	Monthly Income Level 4
Find your family size in the gray column.	1	\$ 1,132 or below	Between \$1,133 and \$1,697	Between \$1,698 and \$2,264	\$2,265 or above
	2	\$ 1,525 or below	Between \$1,526 and \$2,287	Between \$2,288 and \$3,050	\$3,051 or above
Search across that row and circle the box in which your family income falls.	3	\$ 1,919 or below	Between \$1,920 and \$2,877	Between \$2,878 and \$3,837	\$3,838 or above
	4	\$ 2,312 or below	Between \$2,313 and \$3,467	Between \$3,468 and \$4,624	\$4,625 or above

All memberships expire at the end of each calendar year

PLEASE TURN OVER



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Medical/Allergies/etc.: _____

Emergency Contacts: (Please provide two contacts.)

1. In Case of Emergency (ICE), Notify: _____

Relationship: _____ **ICE Phone Number:** _____

2. In Case of Emergency (ICE), Notify: _____

Relationship: _____ **ICE Phone Number:** _____

PERMISSION: In the event of any injury requiring medical attention, I hereby grant permission to the Serving Older Adults of Southeast Wisconsin, Inc., (SOA) staff (including volunteers) to attend to me including seeking medical attention.

WAIVER: I understand that I should seek consultation from my doctor about whether I can safely participate in any activity, program, or special event at the center. I recognize that unanticipated situations and problems can arise during activities that are not reasonably within the control of the staff (including vendors, volunteers, and other participants). I therefore agree to release and hold harmless SOA, Milwaukee County Aging and Disabilities Services, Milwaukee County, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest, and expense (including attorneys' fees and costs, accident, injury and medical services) arising from such activities.

PHOTO PERMISSION/RECORD RELEASE: I understand that there are times when the local news media, national news media and/or nonprofit organizations partnering with SOA's request the opportunity to videotape, take photographs and/or interview me. By signing this release, I also give permission to SOA to make or use pictures, slides, digital images, or other reproductions of me, or of materials owned by me, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of SOA. I understand that by signing this, I am releasing SOA and its directors, officers, employees, and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid until I revoke my permission in writing. I further give my permission to SOA and Milwaukee County Aging and Disabilities Services to share the participant's records and any related information needed with each other for reporting purposes and support of any kind. In addition, I understand that SOA may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

Participant Code of Conduct & Addendum

I acknowledge that I have read and agree to abide by the provisions listed in Serving Older Adults Senior Center's Code of Conduct and the addendum. I understand and agree that by signing this Code of Conduct Addendum I am assuming any risk and liability associated with attending the center should I contract COVID-19.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

Signature: _____ **Date:** _____

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OFFICE USE

SITE: _____ NEW PARTICIPANT RENEWAL CARD # _____ CARD PRINTED _____