



2024 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

- Clinton Rose Washington
- Kelly Wilson
- McGovern

How did you hear about us?

- Friend/Family 211
- Brochure Media
- Aging & Disabilities Services Professional Agency
- Other _____

Demographic Information

1. MARITAL STATUS

- Single
- Married
- Partnered
- Separated
- Divorced
- Widowed

3. GENDER

- Male
- Female
- Transgender Male
- Transgender Female
- Other
- Non-disclose

6. ETHNICITY

- Hispanic/Latino
- Non-Hispanic/Latino

2. VETERAN

- Yes
- No

4. DO YOU LIVE ALONE?

- Yes
- No

7. RACE

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

5. SPOUSE/PARTNER NAME

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 RANGE			
		Level 1	Level 2	Level 3	Level 4
Find your family size in the gray column. Search across that row and circle the box in which your family income falls.	1	\$ 1,215 or below	\$1,216 – \$1,822	\$1,823 – \$2,429	\$2,430 or above
	2	\$ 1,643 or below	\$1,644 – \$2,464	\$2,465 – \$3,286	\$3,287 or above
	3	\$ 2,072 or below	\$2,073 – \$3,107	\$3,108 – \$4,142	\$4,143 or above
	4	\$ 2,500 or below	\$2,501 – \$3,749	\$3,750 – \$4,999	\$5,000 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 attorney 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 my participant 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 my participant 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 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: _____

All memberships expire at the end of each calendar year.

OFFICE USE

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



**Serving Older Adults of Southeast
Wisconsin (SOA) Senior Center Participant
Code of Conduct**



The Senior Center staff is responsible for maintaining order within the Center. Center participants are responsible for their own personal safety.

In keeping with our mission, *to provide opportunities and services to adults 50 and better*, SOA is committed to providing quality experiences for all senior center participants. Participants can expect they will be able to enjoy an environment free from:

1. Physical or verbal harassment or any physical violence to include but not limited to hitting, pushing, etc.
2. Sexually explicit language, websites, images, and other materials.
 - Inappropriate sexual behavior on Center property; consisting of sexual advances, requests for sexual favors, physical contact of a sexual nature; or verbal or physical conduct of a sexual nature toward anyone.
 - Inappropriate verbal or physical conduct of a sexual nature, which includes but is not limited to the deliberate and the repeatedly making of unsolicited gestures or comments of a sexual nature; the deliberate, repeated display of offensive sexually graphic materials via print, computer, or other electronic device or deliberate verbal or physical conduct of a sexual nature that creates an intimidating, hostile or offensive environment.
 - Obscene gestures or discriminatory, harassing, accusatory or inappropriate statements/language referring to race, sex, sexual orientation, age, faith or mental/physical impairment.
3. Unpleasant personal hygiene.
4. Anxiety/distress caused by being placed in a situation unfamiliar to them by a person (caregiver, family member, friend or other), who has assumed responsibility for providing their care.
5. Solicitation for any purposes other than approved SOA activities, including asking for money, contributions, or donations.
6. Cigarettes, alcohol, narcotics and drug paraphernalia.
7. Any person carrying and concealing a weapon, to include guns or knives. Physical violence and the possession of guns and weapons on the grounds will involve law enforcement and will result in being permanently prohibited from coming to the center and having any participant rights.
8. Loud obnoxious and/or disruptive behavior.
9. Any other conduct that infringes upon the ability for all participants and staff to enjoy activities in a safe and friendly environment.
10. Being solicited to form or join a committee without approval from the Center Manager, to include personal agendas. Any concerns about the center must go directly to the Center Manager.

Individuals who require assistance should be accompanied at all times by someone who can assist them while participating in center activities (such as, but not limited to, feeding, toileting, transferring, behavior modification/redirection, etc.). Center staff are not trained caregivers and there should be no expectation that staff will provide caregiving services. Center staff are not responsible for ensuring that participants engage in activities, eat lunch, or stay in the building.

Any participant whose behavior infringes on the rights of other participants and/or staff, will be asked to stop the behavior, and could result in being asked to leave the center, temporary suspension from the center, or expulsion from all Senior Centers managed by SOA. Law enforcement may be contacted for any threat or incident of assault or for willful destruction of property. The Senior Center Manager and the Director of Programs will make this determination. An expulsion at one center extends to all SOA centers.

*Participants may make a written appeal of this decision to the attention of the SOA's President and CEO:
Serving Older Adults - 4420 W Vliet Street Milwaukee, WI 53208*

PLEASE TURN OVER AND READ THE BACK SIDE

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2024 Senior Center Participant COVID-19 Code of Conduct Addendum

When visiting a Milwaukee County-owned senior center, managed by Serving Older Adults (SOA), you voluntarily assume all risks related to exposure to COVID-19. Serving Older Adults has instituted policies and procedures to mitigate risk of exposure, however, it is not possible to eliminate the risk. All staff, volunteers, instructors, visitors and participants will wear masks when required by Milwaukee County, social distancing will be enforced, and enhanced cleaning and disinfecting protocols have been put in place in keeping with guidance from the CDC and County health officials. To reduce the risk to yourself and others, please read the statements below and by signing the 2024 Senior Center Participant Registration Form you acknowledge and agree to assume any risk and liability associated with attending the center should you contract COVID-19.

- I understand that I am required to follow Milwaukee County's COVID guidelines and mask requirements unless I provide a written notice from my doctor exempting me from wearing a mask.
- I agree to always practice social distancing in the center and outdoors when social distancing requirements are enforced by Milwaukee County.