



2025 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
- Kelly
- McGovern
- Washington
- Wilson

How did you hear about us?

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

Demographic Information

1. MARITAL STATUS

- Single
- Married
- Divorced
- Widowed
- Partnered

3. GENDER

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

6. RACE – Check all that apply

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

2. VETERAN

- Yes
- No

4. DO YOU LIVE ALONE?

- Yes
- No

7. ETHNICITY

- Hispanic/Latino
- Non-Hispanic/Latino

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	ANNUAL INCOME RANGE			
		Level 1 100% FPL	Level 2 101-150% FPL	Level 3 151-200% FPL	Level 4 200%+ FPL
1. Find your family size in the gray column. 2. Search across that row and circle the box in which your family income falls. Example: Gray family size 2, level 3	1	\$ 15,060 or below	\$15,061 – \$22,590	\$22,591 – \$30,120	\$30,121 or above
	2	\$ 20,440 or below	\$20,441 – \$30,660	\$30,661 – \$40,880	\$40,881 or above
	3	\$ 25,820 or below	\$25,821 – \$38,730	\$38,731 – \$51,640	\$51,641 or above
	4	\$ 31,200 or below	\$31,201 – \$46,800	\$46,801 – \$62,400	\$62,401 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:** _____

Code of conduct and photo release below

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:** _____

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OFFICE USE

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