

Jackson Senior Center – Registration Form

Name: _____

Address: _____

Phone: (____) _____ Cell#: (____) _____

Marital Status: Married Single Widowed Divorced Separated

Sex: M F EMAIL: _____

Live alone Yes No Birthday: _____ (MM/DD/YY)

Do You Drive ? Yes No Over 60? Yes No Disabled? Yes No

EMERGENCY CONTACT PERSON:

Name: _____

Address: _____

Phone (____) _____ Cell# (____) _____

Relationship: _____

PLEASE CHECK ALL THAT APPLY:

Vision Hearing Cane or Walker Wheelchair Diabetes
 High Blood Pressure Other (Please State) _____

RACE OR ETHNICITY:

American Indian / Alaska Native Asian Black / African American
 Native Hawaiian / Pacific Islander White Hispanic White Non-Hispanic
 2 or More Races Other Race Unknown

IS YOUR MONTHLY INCOME . . . ?

Single - \$1,064.00 Above Below

Married - \$1,437.00 Above Below

ETHNICITY: Hispanic / Latino Non-Hispanic / Latino

ARE YOU REGISTERING FOR THE NUTRITION LUNCH PROGRAM. . . ? YES NO

PARTICIPANTS ARE ENCOURAGED TO CARRY PERSONAL MEDICAL INFORMATION WITH THEM AT ALL TIMES. IN THE EVENT OF A MEDICAL EMERGENCY 911 WILL BE CALLED.

DATE: _____

Rev. 8-27-2020

I hereby RELEASE AND DISCHARGE Jackson Township, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of Jackson Township, from or against any and all claims, either direct or consequential, arising out of any accidents, injuries or occurrences associated with my presence at the Jackson Township Senior Center located at 45 Don Connor Boulevard, Jackson Township, New Jersey, whether due in whole or in part to negligent acts or omissions of the Township, or the Township's Departments, employees, agents, volunteer and other working on behalf of Jackson Township. I understand there will be medical coverage provided and that personal injury will be my responsibility.

Participant's Printed Name _____

Signature _____

Guardian's Printed Name _____

Signature _____