

Jackson Senior Center – Registration Form

Name: _____

Address: _____

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

Email: _____

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 ____ Frail/Disabled

____ Vulnerable ____ 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 - \$973.00 ____ Above ____ Below

Married - \$1,311.00 ____ 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. 4-16-2020

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 _____