

**ROCKY HILL SENIOR CENTER
MEMBERSHIP REGISTRATION FORM**

Please print clearly. This form may be duplicated or printed from the website rockyhillct.myrec.com.

Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____

EMERGENCY CONTACT:

Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Relationship: _____ Email: _____

Choose one:

Choose one:

Renewal New Resident Rate: Free Non-Resident Rate \$25 Yearly

Please Note: Non- Residents need to purchase a membership with the Senior Center in person or via phone.

Interested in volunteering: Yes No If Yes, please fill out volunteer form at front desk.

Do you have a wellness benefit through your insurance plan? Yes No



Silver Sneakers Membership Number: _____



Renew Active Membership Number: _____



Silver & Fit Membership Number: _____

Liability Release Form

I am aware of the nature of this activity and I hereby assume responsibility for myself. I will not hold the Town of Rocky Hill, the Department of Senior Services, and/or its employees or agents responsible in case of any accident or injury as a result of this participation. I hereby further agree to indemnify and save harmless the Town of Rocky Hill, a municipal corporation of the State of Connecticut, from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participation in Senior Center activities.

Signature: _____ **Date:** _____

Return this completed form to:

**Rocky Hill Senior Center,
761 Old Main Street
Rocky Hill, CT 06067
(860) 258-2786.
email: ckrawciw@rockyhillct.gov**