



**2012 MEMBERSHIP APPLICATION**

*Annual Fee \$36 Singles  
\$67 Couples*

<b>Office Use Only</b>		
Date _____	Renewal _____	New Member _____
Am't Paid _____	Cash _____	Check _____ Ccard _____
Single credit issued _____	Couple Discount _____	
Processed by _____		

**Note: We want to update your information in our system. Please *print* and complete all of the following information. Be sure to sign and date on the last page.**

Title: Mr. Mrs. Ms. Other \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Nickname: \_\_\_\_\_ \*Use my nickname for mailing: yes \_\_\_\_\_ no \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \* State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact information:**

\*Home Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_

**Emergency Contact Information:**

**Do not give out my phone number(s)**

\*Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ \*Other contact info: \_\_\_\_\_

**History:**

Your occupational experience: \_\_\_\_\_

Your hobbies and other interests: \_\_\_\_\_

**Medical Information: (you are responsible for notifying CRSC of any changes)**

\*Physician's Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Health Insurance Company: \_\_\_\_\_

\*Drugs you are allergic to: \_\_\_\_\_

\*Health Issues we should know about: \_\_\_\_\_

**You must have a File of Life to participate in our activities.**

**Please put an "X" to indicate how you wish to receive the monthly newsletter:**

Mail \_\_\_\_\_ Pick up at the Castle Rock Senior Center \_\_\_\_\_ Print Email \_\_\_\_\_

Approximate date you originally joined the Castle Rock Senior Center: \_\_\_\_\_

**Please complete reverse side of this form**

**Volunteering:**

So that the Senior Center continues to run smoothly, we would appreciate any assistance that you are able to give. Please check your volunteer preferences:

- Activity Driver
- Shuttle Driver
- Librarian
- Newsletter proofreading or mailing
- Crafts
- Special Needs Driver
- Substitute Shuttle Driver
- Potlucks, Lunches, Teas, etc.
- Receptionist
- Substitute Receptionist

**Fundraising: Pancake Breakfast**

- Sell Tickets
- Servers
- Clean-up
- Ticket Taker

**Rotary Ducky Derby Ticket sales in March, April & May.**

- Weekend ticket sales prior to event
- Work the day of the event

**Golf Tournament in May**

- Recruit Players
- Recruit Sponsors
- Door Prizes
- Work day of Tournament

**Craft Show in November**

- Set-up
- Clean-up
- Bake Sale
- Customer Service
- Donations
- Book Sale
- Grandmas Attic
- Craft Booth Sales
- Silent Auction

**Committee Member:**

- Activities
- Budget & Finance
- Facilities
- History
- Membership
- Publicity
- Transportation
- Fundraising
- Bake Sale
- Hospitality
- Long Range Planning

**Sports Leagues:**

- Softball
- Golf
- Tennis
- Bowling
- Hiking
- Biking

**Other:**

- Travel
- Computers
- Teach a class (topic) \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY.** I understand that the activities, services, and sports leagues offered by the Castle Rock Senior Center (CRSC) may have an element of hazard or inherent danger, and further may be an extreme test of a person’s physical and mental abilities. I further understand that my participation in the activities, services, and sports leagues can cause serious injury, potential death, and property damage. With a full understanding of the potential risks, I hereby assume the risks of participating in the activities, services, and sports leagues offered by the CRSC. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns I hereby waive, release, and discharge the CRSC, its officers, directors, employees, and volunteers from any and all claims, liability, loss, cost, or expenses, for death, personal injury, or damages of any kind that I may incur while participating in or traveling to CRSC activities, services, and sports leagues, whether such loss, damage or injury is a result of negligence of CRSC, its officers, directors, employees, or volunteers except for loss, damage, or injury which is the result of gross negligence and/or wanton misconduct of CRSC, its officers, directors, employees, or volunteers. I agree not to sue CRSC, its officers, directors, employees, or volunteers for any claims or liabilities that I have waived, released or discharged herein. I agree to indemnify and hold harmless CRSC, its officers, directors, employees, and volunteers from any claim made or liabilities assessed against them as a result of my actions or any action taken by another on my behalf. In consideration of the rights and privileges granted to me by my involvement with the CRCS I certify that I have read and understand the above Waiver and Release of Liability and I understand that I have given up substantial rights by signing this document, and hereby acknowledge that I am signing voluntarily. I also understand and agree that my photograph may be taken while participating in CRSC activities, services, and sports leagues and such photograph may be used in publications and for promotional purposes and I will not be compensated for the use of my photograph.

\*Signature of applicant: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_