



**CASTLE ROCK  
SENIOR ACTIVITY CENTER**

Castle Rock Senior Activity Center

# 2021 MEMBERSHIP APPLICATION

\$36 Annual Membership Fee

*"Loving Life in the Second Half"*

Check One:  New Member  Renewal

**PLEASE PRINT CLEARLY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt or Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married Spouse Name \_\_\_\_\_

### Communicating with You

*We still use our "Rockin' Seniors" monthly newsletter as our main source of communication, but we use other methods as well; there are times we need to reach out to members between newsletter issues. Please take a moment and tell us your preferences.*

"Rockin' Seniors" Newsletter:  Send it in the mail  Will pick-up at Center  Email it to me  
*You can have it sent by email (earliest way to get it) and also receive a physical copy in the mail or picking it up – check the boxes*

We send out emails to our members occasionally. We will use the email above but you may also provide others.

Do you text on your cell phone?  Yes  No Do you use Facebook?  Yes  No Like us on FB.

### In Case of Emergency

*It is important that we have a local contact (family member or friend) in case there is an emergency of some kind.*

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Do you live alone?  Yes  No Health information we should know \_\_\_\_\_

### Signature Required

**WAIVER AND RELEASE OF LIABILITY:** I understand that the activities, services, and sports leagues offered by the Castle Rock Senior Activity Center (CRSAC) 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 CRSAC. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive, release, and discharge the CRSAC, its officers, directors, employees, and volunteers from any and all claims, liabilities, losses, costs, or expenses, for death, personal injury, or damages of any kind that I may incur while participating in or traveling to and from CRSAC activities, services, and sports leagues, whether such losses, damages or injuries are a result of negligence of CRSAC, its officers, directors, employees, or volunteers except for loss, damage, or injury which is the result of gross negligence and/or wanton misconduct of CRSAC, its officers, directors, employees, or volunteers. I agree to indemnify and hold harmless CRSAC, its officers, directors, employees, and volunteers from any claims 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 CRCAS 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 CRSAC 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**See back page for more  
ways to get involved**

**Getting Involved**

*One of the ways to get the most out of your membership at the Castle Rock Senior Activity Center is to volunteer or serve in some way. You'll make friends, get to know the staff, and have a voice in the workings of your Senior Center. Please fill out the information below so that we can best help you get involved.*

**Volunteer Opportunities:**

- Drivers (Shuttle, Specials or Events) using CRSAC vehicles
- Kitchen Help (VOA, Potlucks & Social Events)       Bingo Caller
- Special Event help (Craft Show, Expo)       Help in the Library
- Proofreading of Newsletter/Mailings       Crafts – Teach a Class \_\_\_\_\_
- Front Desk Receptionist       Set Up for Programs (Table and Chairs)

**Volunteer using own vehicle below:**

- Meals on Wheels Driver
- Pastry Pick-up
- Facilities (Hauling and/or Minor Repairs)

We are always seeking new committee members for standing committees of the Board of Directors. Please check below if you are interested in serving in any of these committee areas.

- Activities       Membership       Budget and Finance
- Fundraising       Community Outreach       Long Range Planning
- Transportation       Sports

Sometimes we are looking for individuals with particular backgrounds. Please tell us your experience.

Occupation \_\_\_\_\_

Hobbies and other interests \_\_\_\_\_

**Communicating with Family Members**

*Don't your family members want to know what kinds of things you may be doing at your Senior Center? If you can provide email addresses, we will send out occasional updates about the happenings here, maybe with your picture. Even if you don't email, they probably do, so please ask them for their exact email addresses.*

Family Member \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Family Member \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_ Payment Processed by \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash    Check    Credit Card

Date Entered in System \_\_\_\_\_ Entered by \_\_\_\_\_ Renewal Date \_\_\_\_\_