



# Archibald Center/MACOA East Member Registration Year \_\_\_\_\_

Renewal (date originally joined \_\_\_\_\_) or New Member  
(Circle Appropriate)

County \_\_\_\_\_ Center Location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Sex:  Male  Female

Birthday \_\_\_\_\_ Email \_\_\_\_\_

United Way Agency Information:

Age Group:  55-64  65-74  75-84  84 and over

Household Income:  \$0-\$29,999  \$30,000-\$49,999  \$50,000-over

Ethnicity: \_\_\_\_\_ Veteran:  Yes  No

List any medical conditions you have: \_\_\_\_\_

List any medications you are taking: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:(H) \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone:(C) \_\_\_\_\_

In consideration of participating in the Archibald Senior Center/MACOA East activities and trips, I hereby personally assume all risks in connection with such activities and trips and I hereby agree to hold MACOA, its employees and volunteers harmless, and I waive any right to make claims, actions or causes of action against MACOA or anyone working or volunteering on behalf of MACOA for any injuries or damages that might occur while participating in activities and trips. I understand that participating in activities and trips is voluntary.

I understand that if I choose to participate in exercise or dance classes that I am responsible to wear the appropriate shoes for such activity to prevent injury or fall. I understand that is my responsibility to consult with a physician prior to and regarding my participation in such activities. I represent and warrant that I have no medical condition that would prevent my participation in the program.

My signature below indicates that I have read, understand and agree to the terms and conditions stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Check No. \_\_\_\_\_  Cash

CC No. \_\_\_\_\_