

Senior Program Registration

Become a part of our vibrant community of active adults aged 50 and above by joining the Over 50 and Fabulous Program. 1 membership; 4 locations. \$25 fee per year (July 1 to June 30). Memberships can be purchased at any City Community Center. Each location offers a selection of programs and activities.

Arnold Rue Center 5758 Lorraine Avenue Stockton, CA 95210 937-7350	Community Services Dept. 605 N. El Dorado St. (2nd Floor) Stockton, CA 95202 937-8206	Oak Park Senior Center 730 E Fulton St. Stockton, CA 95204 937-7777	Stribley Center 1760 E. Sonora St. Stockton, CA 95205 937-7351	Van Buskirk Center 734 Houston Ave. Stockton, CA 95206 937-7358
--	--	---	--	---

Senior Member Information

Name: _____ Birthdate: _____ Gender: M F

Street Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell #: _____

E-mail: _____

Emergency Information

Emergency Contact	Medical Information
Contact Name: _____	Doctor Name: _____
Relationship: _____	Doctor Phone Number: _____
Home/Cell Number: _____	Allergies: <input type="radio"/> Yes <input type="radio"/> No
Alternate Number: _____	List Allergies: _____

Hold Harmless: I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property, or illness, including, but not limited to, communicable diseases such as MRSA, influenza, and COVID-19, arising out of, or in connection with, my participation in the activity/event from whatever cause, including the active or passive negligence of the promoter/organizer or City or any other participant in the activity/event. In consideration for being permitted to participate in the activity/event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity/event. This form will act as a medical release in the case of an emergency.

I understand that by participating in this event, that I am giving consent for images of myself and event to be used for promotional purposes or instruction by the City of Stockton.

In case of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary.

I have carefully read this release, hold harmless and agree not to sue and fully understand it contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

Signature _____ Date _____

OFFICE USE ONLY

Date Received:

Date paid: