FREEHOLD TOWNSHIP SENIOR CENTER MEMBERSHIP APPLICATION FORM 4/1/2022 TO 3/31/2023

LAST NAME	FIRST NAME		
STREET ADDRESS	TOWN	ZIP	
DAYTIME PHONE#	EVENING#		
DATE OF BIRTH	E-MAIL ADDRESS		
	BE COMPLETED - EMERGENCY		
EMERGENCY CONTACT PERSON_			
PHONE#	RELATIONSHIP		
NAME OF DOCTOR	PHONE #		
MEDICAL CONDITIONS WE SHOUL	D BE AWARE OF INCLUDING AN	NY MENTAL OR	
PHYSICAL/CONDITIONS			
CHECK SHOULD BE MADE PARTIES I have read the Freehold Township Senior Center by the Freehold Township Senior Center	r policies.	SHIP SENIOR CENTER from a tion sheet and agree to abide	
I understand that I am participating at my Center, or authorized agents for any inj through the Senior Center. This means the its authorized agents from any liability for sponsored by the Freehold Township Setup your right to sue the Township of Freethis waiver, you acknowledge that you do you have the capacity to enter into this affurther understand and agree that your signature to any and all events from this time. Township Senior Center. By executing the or its agents not only from any items listed the future. This includes all classes, lunctions.	ury that I may suffer by participation that you are releasing the Township or any injury that you may suffer as a nior Center. By signing this form, you shold, the Senior Center, or its author so voluntarily and of your own free wagreement releasing the Township of gnature on this waiver applies not only forward in which you participate that this waiver you, release the Township of in this form but from any activities of	in any of the programs offered of Freehold, the Senior Center, or result of participation in activities a are voluntarily and freely giving rized agents. Further, by signing will. You further acknowledge that Freehold from any liability. You to any events listed in the waiver that are sponsored by the Freehold of Freehold, the Senior Center,	

DATE

MEMBER SIGNATURE