

**ROCKY HILL SENIOR CENTER
MEMBERSHIP REGISTRATION FORM**

Please print clearly. This form may be duplicated or printed from the website rockyhillct.myrec.com.

Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____

EMERGENCY CONTACT:

Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Relationship: _____ Email: _____

Choose one

Choose one

Renewal New 1 Resident Rate: Free Non-Resident Rate \$20
Interested in volunteering Yes No

If yes, please indicate how you may want to help: _____

I would like to receive The Compass Newsletter by: email pickup at the center

Payment Information (for non-residents only):

Check Enclosed – Check # _____ *All Checks made payable to: "Town of Rocky Hill"*

Credit Card – Check One: Visa Mastercard Discover

Credit Card # _____ Exp. Date: _____

Name on Card: _____ CVV: _____

If billing address is different than mailing address, please indicate it here:

Liability Release Form

I am aware of the nature of this activity and I hereby assume responsibility for myself. I will not hold the Town of Rocky Hill, the Department of Senior Services, and/or its employees or agents responsible in case of any accident or injury as a result of this participation. I hereby further agree to indemnify and save harmless the Town of Rocky Hill, a municipal corporation of the State of Connecticut, from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participation in Senior Center activities.

Signature: _____ **Date:** _____

Return this completed form to: Rocky Hill Senior Center, 761 Old Main Street, Rocky Hill, CT 06067 or email: smarquardt@rockyhillct.gov