

ROCKY HILL SENIOR CENTER MEMBERSHIP REGISTRATION FORM

Please print clearly. This form may be duplicated or printed from the web site

<https://registrations.rhparkrec.org/info/default.aspx>

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

Membership: Renewal _____ New _____ Resident Rate: Free _____ Non- Resident Rate: \$20.00 _____

Interested in volunteering: Yes _____ No _____

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

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 St, Rocky Hill, CT 06067 or
email: chmehr@rockyhillct.gov