



**Wallingford Senior Center  
Membership Registration Form**

**Applicant must be age 60 or over and a resident of Wallingford.  
Proof of residency and photo ID REQUIRED!**

**PLEASE PRINT LEGIBLY**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
                    First                      Middle Initial                      Last

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SPECIAL HEALTH CONDITIONS OR ALLERGIES: \_\_\_\_\_

\_\_\_\_\_ YES, I WOULD LIKE TO KNOW ABOUT VOLUNTEER OPPORTUNITIES

EMERGENCY CONTACT (#1 Other than Spouse, #2 Spouse/Partner)

#1 NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

#2 NAME: \_\_\_\_\_ RELATIONSHIP: SPOUSE/PARTNER

PHONE: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

I hereby agree to release, discharge and hold harmless the Wallingford Committee on Aging, its directors, officers, employee, agents, contractors, volunteers and the Town of Wallingford from any and all liability or damage that may occur during my participation in any and all events, programs, Club Sixty Fitness Center or out trips held at or by the Wallingford Senior Center. **I understand that participation in any recreation or sport activity involves risk.** I further understand that the Wallingford Committee on Aging does not provide accident/medical insurance for program participants. I permit the senior center staff to take pictures of me at its events for publication and use by the center for promotional purposes unless otherwise stated.

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

OFFICE USE: _____	Residency verified	_____	File of Life card	_____	Photo taken
_____	Age verified	_____	Member Handbook	_____	Newsletter
				_____	Initials