

**Town Of Gloucester
1210 Putnam Pike
Chepachet, RI 02814
ANNUAL MEMBERSHIP FORM**

To be eligible for membership, one must be 55 years of age, or a disabled person

**Annual Membership Fee: \$20.00 per person
(Cash or Check payable to the Town of Gloucester accepted)**

Mr. Mrs. Ms. (Please Circle one)

Last Name: _____ First Name _____ MI: _____

Street: _____ City: _____ State _____ Zip: _____

Mailing Address if Different: _____

Date of Birth ____ / ____ / ____ Home Phone: _____ Cell _____

In Case of an emergency, Please Notify:

Name: _____ Relationship: _____

Street: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home _____ Cell Phone: _____

FOR OFFICE USE ONLY

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Membership Date: _____ 2017 Through: _____ 2018

Membership #: _____ Date: _____ Initial: _____ Cash: _____ Check#: _____

Membership Date: _____ 2018 Through: _____ 2019

Membership #: _____ Date: _____ Initial: _____ Cash: _____ Check#: _____

Membership Date: _____ 2019 Through _____ 2020

Membership #: _____ Date: _____ Initial: _____ cash: _____ check# _____

Membership Date: _____ 2020 through _____ 2021

Membership #: _____ Date: _____ Initial: _____ Cash: _____ Check# _____

PLEASE NOTE:

The medical information requested below is **NOT MANDATORY** for membership. This information is being requested for your protection in the event of a medical emergency.

Primary Care Physician _____ Telephone#: _____

Please list any medical conditions (Diabetes, Heart Condition, etc)

If there are medications that Medical Rescue personnel should know about, please note them below:

Please list allergies to medicines if any:

I understand the above information is strictly confidential. However, in case of an emergency, a member of the Board of Directors, Director of Human Services, and/or Emergency Personnel has permission to use this information. Further, I acknowledge that the Town is not responsible for providing guardians and/or assistance for disabled persons using the Center.

Signature: _____ Date: _____

IF THERE ARE ANY CHANGES WITHIN THE MEMBERSHIP YEAR, PLEASE FILL OUT A EMT REVISED INFORMATION REPORT.

Town of Glocester Senior Center

**1210 Putnam Pike
Chepachet, R. I. 02814**

**WAIVER FACILITY USE
AGREEMENT
RELEASE /INDEMNIFICATION**

In consideration for being permitted to use the facilities of the Glocester Senior Center, this includes Glocester Memorial Park.

_____ insert name of person/entity seeking permission to use facilities)(hereinafter 'Applicant') agrees to indemnify and hold harmless, The Town of Glocester, The Glocester Senior Center, its officers, employees, instructors, insurers, from and against all liability, claims, and demands, which are incurred, made, or brought by any person or entity, on account of damage, loss, or injury, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the use of the facilities, equipment, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the Town of Glocester , the Glocester Senior Center, its officers, or its employees, or from any other cause whatsoever.

_____ Signature/Date