



**GAITHERSBURG UPCOUNTY SENIOR CENTER  
REGISTRATION AND EMERGENCY FORM**

To register for the Gaithersburg Upcounty Senior Center, please complete this form and return it to 80-A Bureau Drive, Gaithersburg, MD 20878. Please enclose **\$40** registration fee. **Make checks payable to the "City of Gaithersburg"**

**For Office Use only: Fee \$40 (for a year)**  Cash  Check # \_\_\_\_\_  Charge: Visa/MasterCard/Discover  
 New Member  Renewal

**Please complete the information below** *(please print clearly)*

Check here if address/name/phone number changed since last time registered.

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Would you like your birthday announced in the monthly newsletter?*  Yes  No

**IN CASE OF ACCIDENT, ILLNESS OR EMERGENCY SITUATION, THE  
FOLLOWING PERSONS SHOULD BE CONTACTED:**

**Family/Friend**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_ - \_\_\_\_\_

**Personal Physician**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ - \_\_\_\_\_

1. I accept the responsibility of keeping the contact information on this form up to date.
2. I am aware that while participating in a recreation activity or program offered by the City of Gaithersburg Department of Parks, Recreation and Culture, certain risks and dangers may be present, including, but not limited to, the hazards of traveling public highways, of accidents, of injury, of illness and the forces of nature.
3. I attest and verify that I have full knowledge of the risk involved in physical fitness activities and that I have obtained approval from my physician to participate in the same.
4. In consideration of the right to participate in the above referenced activities or programs and in further consideration of the arrangements made for me by the City of Gaithersburg through its Department of Parks, Recreation and Culture, I do hereby, on behalf of myself, my heirs, executors, administrators, and assigns, assume the above mentioned and all other risks, and do further release and hold harmless and indemnify the City of Gaithersburg and the Mayor and City Council of Gaithersburg and all of the City's agents, officers and employees from any and all claims for injuries or loss to my person or property or to the person or property of third parties which may arise out of or result from my participation in the above referenced program or activity.
5. I further grant permission for a doctor to administer emergency treatment to me in the event that a medical emergency requires such treatment.
6. I consent to the City's use of photographs taken or videotapes made of program participants.
7. The City reserves the right to rescind the membership of an individual who cannot satisfy the Membership Requirements described in the Senior Center Policies and Procedures.
8. I acknowledge that I have read the Gaithersburg Upcounty Senior Center Membership and Activity Eligibility Requirements and fully understand the membership requirements for the Gaithersburg Upcounty Senior Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**It is the policy of the City of Gaithersburg to ensure compliance with Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, as well as related statutes and regulations to the end that no person shall be excluded from participation in or be denied the benefits of, or be subject to discrimination on the grounds of race, color, sex, age, religion, disability or national origin.**