



Castle Rock Senior Activity Center  
**2017 MEMBERSHIP APPLICATION**

\$36 Annual Membership Fee

**Member Information**

Check One:  New Member  Renewal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt or Unit # \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Single  Married Spouse Name \_\_\_\_\_

**Communicating with You**

*We still use our "Rockin' Seniors" monthly newsletter as our main source of communication, but we use other methods as well; there are times we need to reach out to members between newsletter issues. Please take a moment and tell us your preferences.*

"Rockin' Seniors" Newsletter:  Send it in the mail  Will pick-up at Center  Email it to me

We send out emails to our members occasionally. We will use the email above but you may also provide others.

Do you text on your cell phone?  Yes  No Do you use Facebook?  Yes  No Like us on FB.

**Communicating with Family Members**

*Don't your family members want to know what kinds of things you may be doing at your Senior Center? If you can provide email addresses, we will send out occasional updates about the happenings here, maybe with your picture. Even if you don't email, they probably do, so please ask them for their exact email addresses.*

Family Member \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Family Member \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

**In Case of Emergency**

*It is important that we have a local contact (family member or friend) in case there is an emergency of some kind.*

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Do you live alone?  Yes  No Health information we should know \_\_\_\_\_

**Please see back page**

**Getting Involved**

*One of the ways to get the most out of your membership at the Castle Rock Senior Activity Center is to volunteer or serve in some way. You'll make friends, get to know the staff, and have a voice in the workings of your Senior Center. Please fill out the information below so that we can best help you get involved.*

**Volunteer Opportunities:**

- Drivers (Shuttle, Specials, or Events)
- Greeter/Front Desk Help (10:00 am - 2:00 pm)
- Kitchen Help (VOA, Potlucks & Social Events)
- Set Up for Programs (Table and Chairs)
- Fundraising/Outreach/Special Event Staff
- Bingo Caller
- Proofreading of Newsletter/Mailings
- Help in the Library
- Selling Ducky Derby Tickets
- Grandma's Attic Sorters
- MOW Driver
- Crafts – Teach a Class \_\_\_\_\_
- Computer/Cell Phone Help
- Other: \_\_\_\_\_
- Sports (Softball, Golf, Tennis, Pickelball, Hiking, Bowling)

We are always seeking new committee members for standing committees of the Board of Directors. Please check below if you are interested in serving in any of these committee areas.

- Activities
- Membership
- Budget and Finance
- Fundraising
- Community Outreach
- Long Range Planning
- Facilities
- Transportation
- Sports

Sometimes we are looking for individuals with particular backgrounds. Please tell us your experience.

Occupation \_\_\_\_\_

Hobbies and other interests \_\_\_\_\_

**Signature Required**

**WAIVER AND RELEASE OF LIABILITY:** I understand that the activities, services, and sports leagues offered by the Castle Rock Senior Center (CRSC) may have an element of hazard or inherent danger, and further may be an extreme test of a person's physical and mental abilities. I further understand that my participation in the activities, services, and sports leagues can cause serious injury, potential death, and property damage. With a full understanding of the potential risks, I hereby assume the risks of participating in the activities, services, and sports leagues offered by the CRSC. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby waive, release, and discharge the CRSC, its officers, directors, employees, and volunteers from any and all claims, liabilities, losses, costs, or expenses, for death, personal injury, or damages of any kind that I may incur while participating in or traveling to and from CRSC activities, services, and sports leagues, whether such losses, damages or injuries are a result of negligence of CRSC, its officers, directors, employees, or volunteers except for loss, damage, or injury which is the result of gross negligence and/or wanton misconduct of CRSC, its officers, directors, employees, or volunteers. I agree to indemnify and hold harmless CRSC, its officers, directors, employees, and volunteers from any claims made or liabilities assessed against them as a result of my actions or any action taken by another on my behalf.

In consideration of the rights and privileges granted to me by my involvement with the CRCS I certify that I have read and understand the above Waiver and Release of Liability and I understand that I have given up substantial rights by signing this document, and hereby acknowledge that I am signing voluntarily. I also understand and agree that my photograph may be taken while participating in CRSC activities, services, and sports leagues and such photograph may be used in publications and for promotional purposes and I will not be compensated for the use of my photograph.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Must print and then sign on this line*

**For Office Use Only**

Date \_\_\_\_\_ Payment Processed by \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash Check Credit Card

Date Entered Into System \_\_\_\_\_ Entered by \_\_\_\_\_ Renewal Date \_\_\_\_\_