



Member Registration Form

NEW / REINSTATE

TODAYS DATE: ____/____/____

FIRST NAME: _____ LAST NAME: _____

Street address: _____ City/State: _____ Zip: _____

Date of Birth: ____/____/____ Preferred Contact Phone # _____

Email: _____

Gender: Male _____ Female _____

Veteran: Yes _____ No _____

Do you live alone? ____Yes ____No If no, are you head of household? ____Yes ____No

Allergies to medications: Yes _____ No _____ If yes, please list Meds:

Health Impairments (Vision, hearing, mobility) Yes _____ No _____

Race: _____African American/Black _____Hawaiian/Pacific Islander

_____American Indian/Alaskan Native _____Asian

_____White _____Multi-Racial

Ethnicity: Hispanic Yes _____ No _____

MARITAL STATUS: _____Married _____Single _____Widow(er) _____Divorced

Would you be willing to serve as a volunteer at the Senior Center: Yes _____ No _____ Maybe _____

Regarding Volunteer: How would you prefer we contact you? Phone ____ Email ____ Text ____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

PLEASE TURN OVER AND COMPLETE THE WAIVER ON THE OTHER SIDE

OFFICE USE ONLY

	INITIAL	DATE	PAYMENT	INITIAL / DATE
BASIC/ADD	____	____/____/____	DATE ____/____/____	CUSTOM ____/____/____
NAME TAG	____		AMOUNT \$____	
KEYCARD	____		CASH CHECK CC	ACTIVATE MAILING ____
WAIVER SIGNED	____		RECEIPT#____	EMAIL MAIL WEBSITE
PICTURE	____	____/____/____	ENTERED BY____	MARRY MAILING ____

PLEASE COMPLETE AND SIGN BELOW

MEMBER WAIVER AND ASSUMPTION OF RISK

I, _____, participant of Broken Arrow Seniors, Inc., 1800 S. Main St, Broken Arrow, OK 74012 and 1811 S Main Street, Broken Arrow, OK 74012, do voluntarily sign this waiver and assumption of risk. This includes any and all activities. I am fully aware that there are certain risks and dangers associated with the facilities, instructions, equipment and/or activities that cannot be eliminated regardless of the care taken to avoid injuries and that these risks and dangers have been fully explained to me. I fully understand the risks and dangers involved. I assume the risks and dangers involved and agree to use my best judgment in undertaking these activities and agree to follow all safety instructions. I waive, release, covenant not to sue and agree to indemnify and hold harmless BASI from any claims, actions, suits, costs, expenses, damages or liabilities, including any attorney's fees for personal injury, property damage, accidents, illnesses, death, or any incidental damages that may arise from my use of the facilities or equipment or from my participation in the activities or receipt of instruction.

I am a competent adult and I assume these risks of my own free will. I have read this waiver and assumption of risk and I understand its terms. I understand that I am giving up substantial rights and I acknowledge that I intend by my signature that this be a complete and unconditional release of all liability to the greatest extent allowed by law.

Your photo may be taken during events. By signing, you grant Broken Arrow Seniors Inc. permission to use your photo for publicity purposes.

Print Name: _____ Signature: _____

****Please note: No refunds for membership and membership is non transferable**

Staff Signature: _____