



Town of Salem, NH ♦ Senior Services Division

Ingram Senior Center

1 Sally Sweets Way, Salem, NH 03079

<https://www.townofsalemnh.org> w (603)890-2190

REGISTRATION FORM – OUTDOOR Only Activities

We are pleased to offer more than 200 programs, activities and services to our residents, 60 years of age and older. Due to the high volume of participation within our Senior Center, we are no longer accepting full Non-Resident Registrations.

Since our OUTDOOR Activities do not impact the strain on our building and parking capacities, we may accept additional Non-Resident registrations, with a limit to **OUTDOOR ONLY** Activities (*aquarobics, golf, horseshoes, pickleball, tennis, and Zumba Gold*), for only \$25 per year. If the program you are interested in is full, your check will be returned.

Checks made payable to: Town of Salem, NH. Annual Billing cycle is May 1 – April 30

The membership fee is non-refundable.

Please complete this form and return it with check payable to: Town of Salem, NH

Drop-off or mail to: Salem Senior Services, 1 Sally Sweet's Way, Salem NH 03079

(All information must be completed and will be kept confidential)

PLEASE PRINT LEGIBLY

Personal Information				
First Name		MI	Last Name	
Nickname	Mailing Address			Apt.#
Email		City	State	Zip
Home Phone		Cell Phone		
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Notifications (Please check one)				
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell		Text Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No
Demographics				
Birthdate (mm/dd/yyyy): ____ / ____ / ____ (must be 60 years of age or older)			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Military Service - Branch:			Dates served:	
Emergency Information				
Emergency Contact Name			Relationship	
Address			Town/State	
Home Phone		Cell Phone		Work Phone

Return registration form **with a photocopy of your license** to the Ingram Senior Center at the address above.

Please turn over, read and sign the back of this application.

OVER

Would you be interested in volunteering at the Ingram Senior Center?

☐ Yes

☐ No

Informed Consent for Community Services Programs and Activities

Having been informed of the Salem Community Services programs, I do assume all risks and hazards incidental to the conduct of the programs and activities, on or off site, including transportation to and from the programs and/or activities associated with the Salem Community Service Department. I further release, absolve, indemnify and hold harmless, waiving all claims against the Town of Salem, the Community Services Department, the Salem School District, sponsors and all personnel hired or volunteers, in case of an accident or injury.

I READ AND UNDERSTAND THE ABOVE RELEASE

INITIAL

Town of Salem, NH Photo Release

I _____ hereby grant permission to the Town of Salem, New Hampshire, to
(Print name)
use photographs and/or video of me taken by them in publications, news releases, online, and in other communications related to the mission of Salem Senior Services, Town of Salem, NH.

I READ AND UNDERSTAND THE ABOVE RELEASE

INITIAL

Signature _____ Date _____

Printed Name _____
