



## Town of Salem, NH • Senior Services Division

### Ingram Senior Center

1 Sally Sweets Way, Salem, NH 03079

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

## REGISTRATION FORM – PLEASE PRINT LEGIBLY

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

<b>Personal Information</b>				
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		
<b>Notifications</b> (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	
<b>Demographics</b>				
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:		
<b>Emergency Information</b> (Please provide two (2) emergency contacts)				
Emergency Contact Name		Relationship		
Address		Town/State		
Home Phone	Cell Phone		Work Phone	
Emergency Contact Name		Relationship		
Address		Town/State		
Home Phone	Cell Phone		Work Phone	
Serious Medical Condition(s)		Important Medications		
Allergies		Primary Physician		

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**

## Membership & Volunteering

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

Yes  No

### Membership

Resident

*Free with proof of residency*

Grandfathered Non-Resident \$50 (valid from August 1 - July 31)

*The membership fee is non-refundable. Payable to the **Town of Salem, NH**.*

Volunteer

### 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 use  
(Print name)

photograph 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

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### Badge Acknowledgement

I understand that I will be receiving my new badge and recognize that I am active with the new check in system at the Ingram Senior Center. I am required to bring my new badge each day to check in as it has the bar code assigned to my information. **If I lose or damage my badge, I understand it will cost \$3.00 to replace my badge and \$1.00 for a new stylus if I have already been issued one.**

I READ AND UNDERSTAND THE ABOVE ACKNOWLEDGMENT

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Signature

Date