

TEMPLE SENIOR CENTER MEMBERSHIP

PERSONAL INFORMATION & RELEASE FORM

Name _____ Male() Female () DOB _____

Address _____
Street No. City State Zip Code

Home Phone _____ 2nd Phone _____ E Mail _____

Emergency Contact #1 _____
Name Phone No. Relationship

Emergency Contact #2 _____
Name Phone No. Relationship

Personal Physician & Phone # _____

Special Medical Instructions _____

Release: There may be, by participation in center activities, a risk of personal injury. By signing this waiver release form you are hereby acknowledging the risk. You are waiving your right to take legal action against the City of Temple, the Temple Senior Center, or any of the employees or volunteers working with our organization, for liability, should you incur an injury.

Consent of Treatment: I authorize such physician or medical staff as the Temple Senior Center may designate, to carry out any minor medical or surgical treatment and/or medication necessary, or to take me to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for my well being. The physicians, employees and/or volunteers of the Temple Senior Center and/or City of Temple are hereby released, acquitted and discharged from any claim for damage or suit by reason including transportation to or from the event/or to any program, and in that regard, I hereby covenant that on my behalf not to file a claim or suit with respect to any such injury or damage against the above individuals, and I fully understand the provisions of the above releases. I hereby agree that I will be bound thereby.

Signature of Participant

Date

**Temple Senior Citizens Center
280 Rome Street
Temple, Georgia 30179
770-562-5565
Membership Policy**

The Temple Senior Center is open on Mondays, Tuesdays, Wednesdays, and Thursdays from 08:00a.m until 03:30p.m. Exception: On occasion the Center will be closed for the entire day or will be required to close early for special circumstances including all election days, inclement weather, etc. These closings will either be announced or posted as appropriate.

The Temple Senior Center adopted the following policy with regard to membership fees. This policy has the approval of the Mayor and Council. Effective Date 5/31/05

MEMBERSHIP FEE

Payment of a membership fee entitles members to participate in any and/or all of the functions and activities of the Temple Senior Center, included, but not limited to, reduced priced meals, classes, group travel (with appropriate travel costs paid). Etc.

RESIDENT FEE

A membership fee of \$12 per year will be charged for all Temple residents. A resident is defined as any person who has a Temple mailing address. There is no distinction made between Temple city & Temple rural for the purposes of assessing membership fee.

NON-RESIDENT FEE

A non –resident is defined as any person living in a surrounding town who does not have a Temple mailing address. Non-residents will be charged a membership fee of \$24 per year.

CURRENT & NEW MEMBERS

All current members whether residents or non-residents, will be “grandfathered in” and will pay a fee of \$12 per year. All new members will be assessed a \$12 or \$24 dollar membership fee depending upon their residency status.

LUNCH FEES

All members whose fees are current, whether resident or non-resident will pay \$1 per meal. Members may wish to bring a guest for lunch from time-to-time. Guests will pay \$3 per meal.

MEMBERSHIP FEES-FISCAL ACCOUNTABILITY & USE

Membership fees will be collected by the director of the Center, and will be deposited into the City of Temple’s general fund. Fees will be used to offset some of the operational cost of the Temple Senior Center, specifically, the cost of congregate meals and “Meals on Wheels” program.

DIRECTOR

SANDRA STILLWELL