

Please fill out both sides.

Pacie Infe		
Basic Info		
First Name		
Last Name		
Birthdate		
Address		
City/State/Zip		
Phone		Alt Phone
Email		
Emergen	cy Contact	
First Name		
Last Name		
Cell Phone		Alt Phone
Email		
Relationship		
Other		
In the past two (2) weeks, how often have you been bothered by any of the following problems?		 1) Little interest or pleasure in doing things? Not at all Several Days More than Half the Days Nearly every day? 2) Feeling down, depressed, or hopeless? Not at all Several Days More than Half the Days Nearly every day?
Yes □	No □	Would you like to be on our Monthly Calling List?
Yes□	No □	Would you like to receive the menu & newsletter by email?

Marjorie Stewart Senior Community Center 21907 SW Sherwood Blvd. Sherwood, OR. 97140 Ph: 503-625-5644





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Demographic Information					
	How do you identify your race, ethnicity, tribal affiliation, country of origin or ancestry?				
	What language do you speak at home?	,			
Are you: (please mark all that apply)	☐ Single Female Raising Children☐ 62 or older ☐ AIDS/HIV +	☐ Disabled☐ Houseless/Homeless			
What sort of activities do you enjoy doing?					
Anything else you'd like us to know?					
	If you are interested in using our Sherwood Senior Shuttle Services or attending any of our trips away from the center, please also complete our Sherwood Senior Shuttle application and Liability Waiver and submit that to the front desk.				

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Liability

In registering for participation in Marjorie Stewart Senior Center activities and services, participant understands that he/she/they is/are utilizing a service of the Marjorie Stewart Senior Community Center and does so at his/her/their own risk. The Marjorie Stewart Senior Community Center, the City of Sherwood, its employees, volunteers, or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her/their family in or about any programs on the Marjorie Stewart Senior Community Center.

Participants, Personal Care Attendants, and Companions assume full responsibility for all injuries and damages which occur in or about any programs on the premises or property. He/She/They does/do hereby fully and forever release, discharge, and hold harmless The Marjorie Stewart Senior Community Center, the City of Sherwood, its employees, volunteers, or agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she/they agree(s) to follow the policies set by the Marjorie Stewart Senior Community Center. Failure to do so may result in suspension from participation.

Consent: I, the undersigned participant, do hereby grant authority to the staff at the Marjorie Stewart Senior Community Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness if I am unable to do so.

I do hereby authorize the Marjorie Stewart Senior Community Center, the City of Sherwood, its employees, volunteers, or agents and its assigns to utilize any and all

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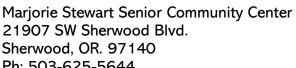


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photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials. Other personal identifying information will only be disclosed with separate explicit permission.

I have read and understand the requirements and I accept all the premises as above stated and signify by signing below. By signing below, I also certify that the provided information is correct.

SIGNATURE	DATE	
If completed by someone other tha	an the applicant:	
SIGNATURE	DATE	
Relationship to applicant:		
Date of Power of Attorney designat	tion:	



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