



2025 Participant Registration

Please fill out both sides.

Basic Info

First Name	_____
Last Name	_____
Birthdate	_____
Address	_____
City/State/Zip	_____
Phone	_____ Alt Phone _____
Email	_____

Emergency 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?
	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days
	<input type="checkbox"/> More than Half the Days
	<input type="checkbox"/> Nearly every day?
	2) Feeling down, depressed, or hopeless?
	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days
	<input type="checkbox"/> More than Half the Days
	<input type="checkbox"/> Nearly every day?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you like to be on our Monthly Calling List?
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you like to receive the menu & newsletter by email?
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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)	<input type="checkbox"/> Single Female Raising Children <input type="checkbox"/> 62 or older <input type="checkbox"/> AIDS/HIV +	<input type="checkbox"/> Disabled <input type="checkbox"/> 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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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 than the applicant:

SIGNATURE _____ DATE _____

Relationship to applicant: _____

Date of Power of Attorney designation: _____

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