

Membership—Phyllis A. Ernst Senior Center, City of Hilliard

\$15.00 per person

Make check payable to "The City of Hilliard"  
3810 Veterans Memorial Drive, Hilliard, Ohio 43026  
(614) 876-0747

**For office use only**

Card #(s) \_\_\_\_\_  
\_\_\_\_\_

Today's Date \_\_\_\_\_ New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Mr. \_\_\_\_\_ Birth Date (Mr.) \_\_\_\_\_

Mrs./Ms. \_\_\_\_\_ Birth Date (Mrs.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

email Address \_\_\_\_\_ Wedding Anniversary (if applicable) \_\_\_\_\_

**Emergency Medical Information:**

Do you carry a list of medications and/or information on a special medication condition with you? \_\_\_\_\_

Please list any allergies (medical, food, environmental, etc.) or special medical conditions \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY: (name, telephone number & relationship)** \_\_\_\_\_

Do you grant permission for your address & phone number to be shared with other members of the Senior Center? \_\_\_\_\_yes \_\_\_\_\_no

**Release form:** I hereby, release the City of Hilliard and its employees from any liability, which may arise or occur while participating in activities or programs both in and away from the Senior Center, Community Center or park grounds. This release is given in consideration of my use of said facilities and provided that there is no evidence of negligence on the part of the Center or employees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_