

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) _____

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 _____