



Membership—City of Hilliard Senior Center

\$15.00 per person

Make check payable to “The City of Hilliard”
3810 Veterans Memorial Drive, Hilliard, Ohio 43026
614.876.0747

Today’s Date: _____ New Member Renewal

Mr./Mrs. _____ Birth Date: _____

Mr./Mrs. _____ Birth Date: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Wedding Anniversary (if applicable): _____

Emergency Medical Information:

Please list any current medications and / or information about medical conditions?

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

Family Physician: _____ Phone Number: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone Number: _____

Relationship: _____ Cell Phone Number: _____

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/Community Centers or park grounds. This release is given consideration of my use and said facilities and provided that there is no evidence of negligence on the part of the Center or employees.

I agree to abide by senior center established rules and treat people with respect.

Signature: _____ Date: _____

Signature: _____ Date: _____