



Membership—City of Hilliard Senior Center

3810 Veterans Memorial Drive, Hilliard, Ohio 43026

614.876.0747 | \$15.00 per person

Make check payable to "The City of Hilliard"

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, its agents and employees and agree to hold them harmless from any and all liabilities which may attach or arise as a result of my use of facilities, building and/or equipment of the City of Hilliard. This release is given in consideration of my use of said facilities, building and/or equipment and is intended to hold the City of Hilliard, its agents and employees forever harmless from any and all liabilities arising out of said usage. I fully understand that this release applies to both inside and in the proximity of all facilities belonging to the City of Hilliard. I agree to abide by senior center established rules and code of conduct.

Signature: _____ Date: _____

Signature: _____ Date: _____