



# 2022 MEMBERSHIP FORM

MEMBER LAST NAME

[Blank input field for Last Name]

Last Name

First Name

Middle Initial

[Blank input field for Street Address]

Street Address

[Blank input field for City]

City

Zip

County

[Blank input field for Email]

Email

Home Phone

Cell Phone

Birthdate (MM/DD/YYYY) [Blank input field]

Male

Female

Self-Identify: \_\_\_\_\_

MEMBER FIRST NAME

## READ AND INITIAL EACH AREA

I have reviewed the The Carl Gipson Center Code of Conduct

I was offered a Parking Pass

I give my permission for the staff to call the number(s) I have provided about information and updates about the Carl Gipson Center.

I give my permission to use any photograph and video taken of me at the Carl Gipson Center for advertising and publication purposes.

COVID-19 VACCINATION STATUS

V

E

## MEMBERSHIP TERMS & PAYMENT

- Membership at the Carl Gipson Center requires an annual non-refundable fee of **\$25 per person, per membership year**, which runs from 12 consecutive months from date of registration.
- To receive a parking pass: Provide the license plate number, vehicle make, model, and color to the front desk staff. Permits will not be mailed. Anyone purchasing a parking pass must abide by all parking rules. **Lost tags will incur a replacement charge of \$10.**
- Payments may be made by Visa, MasterCard, cash, or check.

DATE REVIEWED

By signing below, I agree and affirm that I understand that the annual membership is non-refundable and is valid for 12 consecutive months from the date below and receipt of a parking pass indicates my agreement to abide by all parking rules.

[Blank input field for Printed Name]

Printed Name

[Blank input field for Date]

Date

[Blank input field for Signature]

Signature

INITIALS

Initial here if you want to donate to the **Membership Fund** for low income seniors who may not be able to afford membership fees at the Carl Gipson Center.

\$



**All medical information will be kept confidential by the Carl Gipson Center staff and emergency medical personnel.**

**EMERGENCY CONTACT INFORMATION**

First and Last Name

Relationship

Phone Number

Doctor's Name

Phone Number

**MEDICAL HISTORY**

**MEMBERSHIP AT THE CARL GIPSON CENTER REQUIRES PROOF OF COVID-19 VACCINATION OR APPROVED EXEMPTION**

Please list any Medical Conditions for which you have received, or are receiving treatment for.

Alzheimer's

Epilepsy

Heart Disease

Asthma/Lung Disease

High Blood Pressure

Bypass Operation

Dementia

Heart Attack

Stroke

Diabetes

Head Injury

Other (Please specify)

Daily Medication(s) & Dosage

ALLERGIES

**PHYSICAL ACTIVITY RELEASE**

The Carl Gipson Center offers a variety of physical activities ("**the activity**"), including but not limited to square dancing, Wii® games, table tennis, hula dancing, Zumba®, fitness classes, Tai Chi, the self-serve Mt. Pilchuck Fitness room, and other physical activities.

Please read and initial each release:

I am capable of determining my ability to participate in the activity. The Carl Gipson Center has not and will not render any medical advice regarding my physical condition.

I am aware that participation in the activity may result in accident or injury. I assume all risk related to my participation in the activity.

I release and hold harmless Volunteers of America Western Washington, the City of Everett, and all officers, employees, assigns, and agents from all claims (including personal injury claims) arising from or relating to my participation in the activity.

I, the undersigned, agree and affirm the foregoing Release of Liability.

Printed Name

Date

Signature