Madison Senior Center

Confidential Member Information

PLEASE PRINT AND COMPLETE THOROUGHLY

Chosen Pronoun: ☐ **He/Him** ☐ **She/Her** ☐ **They/Them**

First Name: _____ **Last Name:** _____

Street Address: _____

City:_____ **State**: _____ **Zip:** _____

Date of Birth: Month/ Day/Year ____/____/____

Under 55, check appropriate box: ☐ Volunteer ☐ Partner ☐ Student ☐ Community Partner/Attendant

Home Telephone: (_____)_____**Cell Phone** (_____) _____

Email Address: _____

Emergency Contact:_____ Telephone: (_____) _____

This voluntary disclosure of information is used in aggregate to seek grant and foundation funding. The information is strictly confidential.

Please check the appropriate **Race:**

☐ Asian ☐ White/ Caucasian ☐ Black/ African American

☐ Indigenous ☐ Other _____

And Ethnicity:

☐ Hispanic

☐ Non- Hispanic

Gender: ☐ Man ☐ Woman ☐ Non-binary or Gender non-conforming ☐ Prefer not to say

☐ Prefer to self-describe (please specify)

Income

☐ I make less than $31,300/year (family of 1); or less than $42,300/year (family of 2+) I certify that my income meets the guideline for Scholarship status (for 50% reduced program fees on most classes) and will provide proof of income if requested

☐ I make more than $31,000/year (family of 1); or more than $42,000/year (family of 2+) Or otherwise choose NOT to opt in to the scholarship option

Membership Agreement

In exchange for permission to use these facilities, I agree that I will be liable to and will indemnify, defend and hold harmless the City of Madison and its officers, officials, agents, and employees against all loss or expense (including liability costs and attorney fees) by reason of any claim or suit, or of liability imposed by law upon the City or its officers, officials, agents or employees for damages because of bodily injury including death at any time resulting wherefrom, sustained by any person or persons or on account or damages to property, including loss of use thereof, arising from, in connection with, caused by or resulting from my act or omission in attending and using these facilities, whether caused by or contributed to by the City or its officers, officials, agents or employees.

I agree that I will abide by all MSC rules and regulations. I understand that photographs/ videos taken of programs may be used by the City of Madison Senior Center.

Submit