



Madison Senior Center

Confidential Participant Information

PLEASE PRINT AND COMPLETE THOROUGHLY

330 West Mifflin Street
Madison, Wisconsin 53703
PH 608.266.6581
TTY 608.267.8683
FAX 608.267.8684

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birthday: Day/Month/Year ____/____/____ Gender: ☐ Male ☐ Female

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

Email Address: _____

Please check the appropriate race:

☐ Asian ☐ White (Caucasian) ☐ Black/ African American
☐ Hispanic ☐ American Indian ☐ Other _____

Spouse/Partner Name: _____ Telephone: (____) _____

Check here if this is your Emergency Contact _____ If not, list an Emergency Contact:

Name: _____ Telephone: (____) _____

2010 Income Range: *Please check the approximately range of your income, based on family size. This information is used in aggregate to seek grant and foundation funding, usually based on income considerations. The information is strictly confidential.*

Family of 1: ☐ Up to \$16,800 ☐ \$16,801-\$28,000 ☐ \$28,001-\$44,800 ☐ Over \$44,801

Family of 2: ☐ Up to \$19,200 ☐ \$19,201-\$32,000 ☐ \$32,001-\$51,200 ☐ Over \$51,201

Family of 3: ☐ Up to \$21,600 ☐ \$21,601-\$36,000 ☐ \$36,001-\$57,600 ☐ Over \$57,601

Participation 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.

Signature _____ Date _____

Office Use Only

☐

Processed

Date: _____

(2010)