



Newtown Senior Center  
8 Simpson Street  
Newtown, CT 06470

# MEMBERSHIP APPLICATION

**ALL INFORMATION MUST BE FILLED OUT. PLEASE PRINT.**

New Membership

Renewal Membership

Change of Information  
(Address, Phone, etc.)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

## IN CASE OF EMERGENCY

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

List Any Allergies or Medical Conditions we Should be Aware of: \_\_\_\_\_

\_\_\_\_\_

**TURN OVER**  
➔

## MEMBERSHIP INFORMATION

### MEMBERSHIP DUES FOR THE FISCAL YEAR 2021-2022 ARE DUE BY JULY 1, 2021.

Membership is open to anyone 55 years of age and up. Your membership entitles you to participate in our programs and activities and to receive all communications from the Senior Center, including our weekly e-news blast and monthly newsletters (mailed copy of the newsletter available upon request). Membership dues and completion of the annual application are due every year on July 1 for all existing and new members. Dues are \$20.00 for Newtown residents and \$25 for out of town members. The walk in fee is \$ 5 per day. Cash or check are accepted, checks should be made payable to the Town of Newtown. New members will receive a FOB card to scan in for all activities. replacement cards are available for a \$5.00 fee.

## PHOTO RELEASE

I, (print name) \_\_\_\_\_ hereby authorize Newtown Senior Center to take and use my photograph and/or name for printed or electronic publications related to Senior Center functions and activities, such as, but not limited to, news releases, publications, and the website. Any photograph, prints, and digital reproductions shall be property of the Senior Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please note: Your residential address, email and phone number will not be disclosed in any publications or the website. It will not be given out to any business and/or organizations.*

## WAIVER OF TOWN LIABILITY

To the fullest extent permitted by law I, the undersigned, agree that the Town of Newtown, and all of its elected or appointed directors, officers, officials, agents, employees and members of all of its boards and commissions, and the Newtown Senior Center, and all of its directors, officers, officials, agents, employees, organizers, sponsors and independent contracting staff, are not liable for, responsible for, and do not assume any liability, responsibility or obligation for any/all claims, damages, injuries, obligations, accidental or otherwise, including claims arising out of any type of virus, bacteria, or any other microorganism that induces or is capable of inducing physical distress, illness or disease, or actions or omissions by other persons, which may happen or occur upon the premises of the Newtown Senior Center prior to. Participation is at my own risk. There is no medical coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Cash     Check / Check #     FOB #     Staff Initials