

**SENIORS IN ACTION (SIA) MEMBERSHIP REGISTRATIN FORM 2016-17**

PACIFICA SENIOR CENTER, 540 Crespi Dr.



Support Senior Services' Programs by becoming a SIA Member (60+) SIA Membership is our largest fundraiser to fund special activities and programs for seniors.

- One year subscription to our bi-monthly "Senior Tidings" Newsletter
- Discounts on Senior Services' classes, trips and special events Free summer ice cream social
- Free parking privileges (Crespi Lot M-F 8-5PM) Parking placard/renewal sticker issued in person only
- Membership expires September 30, 2017

SIA Membership Registration Information: Cash or check payable to the "City of Pacifica"

- Please return completed application to Senior Services' Staff at 540 Crespi Dr.
- \$20 Single Membership
- Fees pro-rated throughout the year. Any questions call 650-738-7384

**SIA MEMBERSHIP INFORMATION- Please Print Clearly:  Renewal or  New Membership**

DOB \_\_\_/\_\_\_/\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_  Email  Mail Copy

Emergency Contact: First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Relation \_\_\_\_\_

Home No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**RELEASE OF LIABILITY INDEMNITY & ASSUMPTION OF RISK—MANDATORY FOR PARTICIPATION**

I understand that the Activity for which I am registering, including, but not limited to, any class, program or event "Activity" provided in connection with the City of Pacifica can be dangerous and involves the risk of injury, property damage or death. Despite the risk involved and in consideration of the right to participate, **I voluntarily agree to expressly assume any and all risk of injury, property damage, or death** which might be associated with participation in the Activity, and use of any facilities belonging to the City of Pacifica. I agree, on behalf of myself and my heirs, successors or assigns, to hold harmless, Indemnify and defend the City of Pacifica, its officers, employees, affiliates and agents ("City") against any and all liability, claims, losses, damages, lawsuits or expenses, including reasonable attorneys' fees, arising in connection with my participation in Activity. I agree to the use of my name and/or image for City publicity. I agree in case of emergency City may administer CPR or arrange for medical transport. I agree the City is not responsible for lost or stolen items. I agree the City may deny me permission to participate in Activity. **Photos/Videos:** The City of Pacifica may use for publicity or marketing purposes, work samples, photographs, slides, videos, DVDs and/or other images taken of myself while in the program.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

<input type="checkbox"/> Entered	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Card Issued
<input type="checkbox"/> Placard Issued # _____	<input type="checkbox"/> 2017 Sticker	
Replacement Placard _____	<input type="checkbox"/> \$5	
Staff / Volunteer Initials _____		

Membership Fee	\$ _____
<input type="checkbox"/> \$10 Class Card	<input type="checkbox"/> \$30 Class Card
would like to make a donation	\$ _____
	TOTAL \$ _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____
	Date _____