



# SENIORS IN ACTION (SIA) MEMBERSHIP REGISTRATION FORM 2020-21

Pacifica Senior Center, 540 Crespi Drive, Pacifica, CA 94044

Support Senior Services' programs by becoming a Seniors in Action member!



### SIA Member Benefits Include:

- One-year subscription to full-color, bi-monthly "Senior Tidings" newsletter
- Discounts on Senior Services' classes, trips, and special events
- "Seniors Matter" lanyard for membership card
- Complimentary summer ice cream socials
- Crespi Lot C parking privileges for M-F, 8 AM-5 PM (Parking placard/sticker issued in-person only)

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

- Please return completed application to Senior Services at 540 Crespi Drive, Pacifica, CA 94044
- \$25 membership dues per year per senior. (Membership expires September 30, 2021)
- Any questions, please call the Program Coordinator at 650 738-7384

### SIA MEMBER INFORMATION - *Please Print Clearly!*      **Renewal**   or   **New Membership**

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

Male       Female      Email Address \_\_\_\_\_

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

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

Tidings Newsletter Delivery Preference    Email    US Mail

### EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Relation \_\_\_\_\_

Preferred Phone 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Barcode ID# (assigned by system) _____ <input type="checkbox"/> Membership Card <input type="checkbox"/> Tidings Newsletter <input type="checkbox"/> Placard Issued # _____ <input type="checkbox"/> 2021 Sticker	<input type="checkbox"/> Membership Dues (\$25 per senior)    \$ _____ <input type="checkbox"/> Donation with Dues    \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Chk # _____    Total \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> Staff / Volunteer Initials _____ Date _____
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