Neptune Beach Senior Activity Center
REGISTRATION FORM 2009-2010

WE ASK THAT ALL PARTICIPANTS JOIN THE FOUNDATION TO ENSURE QUALITY PROGRAMMING, FACILITIES, CONVENIEINT HOURS OF OPERATION, AND THE FUTURE!

NEPTUNE BEACH RESIDENT -Single $25-Couple $40• NON-RESIDENT-Single $30-Couple $50•

KEY HOLDER LEVELS: $100 FRIENDS •$250 BRONZE• $500 SILVER• $1,000 GOLD• $2,500PLATINUM

NEPTUNE BEACH SENIOR ACTIVITY CENTER FOUNDATION, INC. 501(C) 3 NOT FOR PROFIT AS DESIGNATED BY THE IRS

The information you provide below is necessary to secure grant funding.

NAME (PLEASE PRINT)_____

TELEPHONE (HOME)_____CELL_____

EMAIL ADDRESS (OPTIONAL)_____

GROUP ACTIVITY/EVENTATTENDING_____

ADDRESS_____CITY_____STATE_____

DATE OF BIRTH _____
Month/Day/Year

CIRCLE ONE: WHITE •BLACK/AFRICAN AMERICAN • ASIAN •HISPANIC •AMERICAN INDIAN/ALASKAN NATIVE•ASIAN/PACIFIC ISLANDER•NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER•ASIAN&WHITE•AMERICAN INDIAN/ALASKAN NATIVE•BLACK/AFRICAN AMERICAN & WHITE•AMERICAN INDIAN/ALASKAN NATIVE•OTHER MULTI-RACIAL

CIRCLE ONE INCOME LEVEL:
MODERATE/LOW VERY LOW EXTREMELY LOW N/A

EMERENCY CONTACT INFORMATION: NAME_____
PHONE/CELL #_____
RELATIONSHIP_____

I will be participating in various activities offered at the Neptune Beach Senior Activity Center included but not limited to the monthly events/trips/life-long learning classes, etc. I am aware that some of these activities/classes are fee based (instructor lead). I AGREE TO USE MY NBSAC ISSUED SWIPE CARD UPON ARRIVING AT THE CENTER.

In consideration of the acceptance of my registration, I, my heirs, executors, or administrators release and forever discharge the City of Neptune Beach, the Neptune Beach Senior Activity Center Foundation, Inc., its agents/employees, and authorized representatives from all liabilities, claims, actions, damages, costs, or expenses which I may have against them arising out of or in any way connected with my participation in the event referenced above, including any injuries which may be suffered by me before, during, or after an event. I understand that this waiver includes any claims based on negligence, action or inaction, of any of the above parties relating to my participation in activities offered by the Senior activity Center.

_____ _____
SIGNATURE DATE