

# Participant Form 2024

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Where do you live?  Sylvania  Sylvania Township  Other \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email \_\_\_\_\_ To opt out of emails check here

Phone \_\_\_\_\_ Gender Identity \_\_\_\_\_

Do you currently live alone?  Yes  No Do you make less than \$17,500 per year?  Yes  No

Do you consider yourself visually impaired, hearing impaired and/or mobility impaired?  Yes  No

Please explain: \_\_\_\_\_

What is your ethnicity?  White  Black/African-American  Asian  Pacific Islander  Hispanic

Native American/Alaskan  Other \_\_\_\_\_  Prefer not to answer

Are you interested in Volunteering at the Sylvania Senior Center:  Yes  No

## Emergency Contacts *(Provide two)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Please list your high risk health conditions that may impact your participation in activities. \_\_\_\_\_

**Disclosure Statement:** The information gathered in the Sylvania Senior Center Participation Registration Form assists the Ohio Department of Aging (ODA) in monitoring the effectiveness of senior programs funded by ODA and offered to Ohio senior citizens. Any information obtained from this form is confidential, and no personal identifying information will be released to any outside source without written consent or unless required under federal law.

**Indemnity Agreement:** I agree to INDEMNIFY and HOLD HARMLESS Sylvania Community Services from and against any and all claims of personal injury, accident, illness, liability, expense, property loss, cost, damages, or causes of action of every kind of character, including but not limited to attorney's fees and expenses arising as a result of my involvement in the use of the Sylvania Senior Center facility, grounds, programs, services, exercise equipment, and woodshop equipment.

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**Social Media Waiver:** I hereby agree to allow the Sylvania Senior Center, a program of Sylvania Community Services, to identify and utilize any photographic and/or video images in which I appear for any applications that they deem suitable, including but not limited to newsletters, promotional presentations, and other printed or video graphic material. I waive all ownership rights to these images. I understand that I will receive no financial compensation for the use of these images.

In a medical emergency, I agree medical information provided on this form may be given to medical personnel.

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

7140 Sylvania Ave., Sylvania, OH 43560 • (419)885-3913 • [sylvaniacommunityservices.org](http://sylvaniacommunityservices.org)