

**Town of Argo
Argo Senior Citizens Center
100 Blackjack Rd.
Argo, Alabama 35173
Phone 205-352-2120
Fax 205-352-2118**

Senior Center Membership/Registration Form

This form **MUST** be completed and returned to the Argo Town Clerk before you are considered "officially" registered

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

AGE _____ BIRTHDATE _____

EMERGENCY INFORMATION:

Name of person(s) to contact in case of emergency:

1. _____ relationship _____

Phone (H) _____ Cell _____

(W) _____

Address _____

2. _____ relationship _____

Phone (H) _____ Cell _____

(W) _____

Address _____

3. _____ relationship _____

Phone (H) _____ Cell _____

(W) _____

Address _____

MEDICAL INFORMATION:

Recent illnesses, allergies, physical condition:

Current Medications you are taking:

(continued on back)

Senior Center Membership/Registration Form
(continued)

The Senior Activity Center does not offer personalized services, medical care, or intensive supervision. Members of the Senior Activity Center are required to provide for their own personal and medical needs.

By completing and signing a membership application, all applicants affirm that they are aware of the content of the Senior Activity Center's Rules and Regulations and are able and willing to abide by them. Applicants must also affirm that they are physically and mentally able to participate in basic Center activities and provide for their own personal care.

In addition, by signing the membership application, applicant agrees to hold harmless, the Town of Argo for any and all injuries incurred while on Town property through no fault of the the Town of Argo.

Signed _____

Date _____