



Temecula Community Services Department

Mary Phillips Senior Center

2021-2022 | Membership Form

MEMBERSHIP IS FREE AND IS OPEN TO ALL ADULTS AGE 55+

Please complete this form and sign upon completion. Membership photos will be attached to your completed form.

Completed forms may be Dropped off or mailed to:

Mary Phillips Senior Center, 41845 Sixth Street, Temecula, CA 92590

Emailed to: seniorcenter@temeculaca.gov **Questions:** (951) 694-6464

PLEASE PRINT

Main Contact | Member 1 Information

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: Female Male Veteran? Yes No

Home Address: _____

Telephone Number: _____ Alt Phone Number: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Health Conditions: _____

Medications: _____

Spouse/Partner/Family Member 2 Information (if applicable)

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: Female Male Veteran? Yes No

Home Address: _____

Telephone Number: _____ Alt Phone Number: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Health Conditions: _____

Medications: _____

Photo/Video Release Consent

- I hereby give my permission to use my image in City promotional material
 I hereby do not give my permission to use my image in City promotional material

By signing below, you acknowledge the following statement: "I certify that the above information is true and correct. I realize every precaution is taken to eliminate any injuries or hazards, and a competent supervisor is present; however, in the event of any injury, property damage, disability, death, sickness, or disease, I hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, sickness, or disease, as well as from claims for property damage which may arise in connection with the above named activity, the City of Temecula, its officers, agents, employees, volunteers and independent contractors. In case of accident or other emergency, personnel of the Community Services Department and/or its agents or independent contractors are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. I further agree to pay any and all costs incurred as a result of said treatment. I further permit the use of activity/event photography and/or video for media promotion."

Signature: _____ **Date:** _____