

# 2019 SENIOR MEMBERSHIP FORM BROOKFIELD SENIOR COMMUNITY CENTER

**ALL RESIDENTS AND NON-RESIDENTS** MUST COMPLETE THIS FORM AND RETURN IT TO REMAIN A CURRENT MEMBER from **January 1 - December 31, 2019**.

LAST NAME FIRST NAME PHONE BIRTH DATE

STREET ADDRESS CITY STATE ZIP

CITY OF BROOKFIELD RESIDENT?  YES  NO Email Address: \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

I would like to participate in the SENIOR EXERCISE CLASS SPONSORED BY ASCENSION HEALTH CARE

I, the undersigned, do hereby agree to allow the individual named herein to participate in the activity indicated. I am aware of and understand that there may be potential risks inherent with participation in any recreation activity, and that **neither** the City of Brookfield **nor Ascension Health Care** provide accident insurance and cannot assume responsibility for injury to any participants in its recreation programs. I further understand the program eligibility requirements and cancellation, transfer, and refund policies as stated in the Department Brochure.

SIGNATURE: X \_\_\_\_\_ DATE \_\_\_\_\_

THERE IS A **\$12.00 FEE** FOR ALL **NON-RESIDENTS** WHO WISH TO PARTICIPATE AND RECEIVE THE 2019 NEWSLETTERS. **IF YOU ARE A NON-RESIDENT**, PLEASE INCLUDE THIS AMOUNT WITH YOUR REGISTRATION FORM. Checks should be made out to Brookfield Parks, Recreation and Forestry. The fee and registration form can be mailed in or dropped off at 2000 N. Calhoun Road, Brookfield, WI 53005.

Office use only - Non-resident fee paid (\$12.00): \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_  
#336000-01 Senior Membership and #336100-01 Senior Exercise Rec\Sen\Forms\Membership19

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