



FY – 2020 REGISTRATION

Date Completed: _____

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Female Male

Phone Number _____ Email Address _____

Emergency Contact Information:

Name _____ Relationship _____

Phone Number _____

Current Health Conditions: _____

Your Allergies: _____

Would you like us to check to see if you are eligible for a free fitness membership with SilverSneakers or RenewActive Fitness? Yes No

FOR OUR GRANT REPORTING:

Are you disabled: Yes No If yes, please explain: _____

Race:

- White
- Native American
- Asian
- Black
- Hawaiian/Pacific Islander
- Other

Ethnicity:

- Hispanic
- Non-Hispanic
- Other

Marital Status:

- Married
- Divorced
- Never Married
- Widowed
- Separated

Monthly Household Income: \$ _____

Prefer not to answer

Number of Persons in your household: _____

Household Composition:

- Lives Alone Lives with Spouse Lives with Extended Family
- Lives with Non-Family Multi-Generational Head of Household

This program is funded in part, by Area Agency on Aging – Region 1





SURPRISE SENIOR CENTER

15832 NORTH HOLLYHOCK STREET, SURPRISE, ARIZONA 85378
(623)222.1500

WAIVER OF LIABILITY – Senior Center Programs

In consideration of being allowed to participate in the Senior Center programs, I, the undersigned acknowledge, appreciate, and agree that: As a participant in the Senior Center programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, costs, expenses, damages and losses which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic or aerobic activities involving exercise or strenuous exertion may be hazardous recreational activities and involve substantial risk of injury, including but not limited to heart attack, stroke, circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain, and other muscle injuries, foot problems, etc. I agree to waive and relinquish any and all claims on behalf of myself, my personal representatives, heirs, next-of-kin, spouse and assigns; against the City of Surprise, its officials, officers, agents, representatives, employees, independent contractors; this facility and the instructor that may arise as a result of my participation in these programs.

By signing below, I hereby acknowledge that I have read the foregoing and agree with the terms of this agreement for waiver of liability.

PRINTED NAME

SIGNATURE

_____/_____/_____
DATE

_____(_____)_____
PHONE #



The Surprise Senior Center Photo/Image Release

I, _____, grant to the City of Surprise/HSCV the right to use my name, likeness, image, voice, appearance, and/or performance of a still photo or video. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use images and/or a recorded performance in whole or part. I acknowledge that I have no interest or ownership in any images or recorded performances or it's copyright. I also grant the right to broadcast, exhibit, market, and otherwise distribute any photos or recorded performances, either in whole or in parts, and either alone or with other products.

In consideration of all of the above, I hereby acknowledge receipt of this photo/image release.

Signature: _____

Date: _____



Determine Your Nutritional Health

Read the statements below.
 Circle the number in the column for each statement that applies to you.
ADD the numbers you have circled and put your answer in the "TOTAL" box

NAME _____
 DATE: _____

I have an illness or condition that has made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat only a few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs per day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook, and/or feed myself.	2
TOTAL SCORE	

If your total nutritional score is:

0-2 GOOD! Re-check your nutritional score in 6 months

3-5 MODERATE NUTRITIONAL RISK. See what can be done to improve your eating habits, lifestyle and access to resources. Senior Center staff, Sail Case Mgrs. Or the Area Agency on Aging's Senior Help Line (6020 264-4357 can make a referral to a dietician.

6 or More HIGH NUTRITIONAL RISK. Bring this checklist with you the next time you see your doctor, dietician or other qualified health care professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.





THE CITY OF SURPRISE SENIOR CENTER CODE OF CONDUCT

Revised June 2019



All individuals using the Surprise Senior Center, its services and programs should respect the rights, diversity and dignity of others. To ensure all individuals have a pleasant and meaningful experience while at the Senior Center, participants agree to:

1. Show courtesy and consideration towards other participants, city staff, volunteers, instructors and presenters.
2. Refrain from malicious intent towards participants, or staff either verbal and/or physical.
3. Refrain from being intoxicated or under the influence of impairing drugs while utilizing the Senior Center or associated programs, which is prohibited.
4. To better serve participants we ask that you refrain from loitering in the front lobby.
5. Refrain from verbal conduct that other participants, volunteers and staff find abusive, threatening, obscene or offensive; including profane language, derogatory comments, slurs, or unwanted sexual advances, invitations, or sexual comments.
6. Refrain from touching anyone inappropriately or in any way making others feel uncomfortable or unsafe.
7. Adhere by this code of conduct while using the center transportation and bus trips.
8. Adhere to the Senior Center hours. Members will vacate the building by 4 p.m.
9. Maintain personal hygiene that is not offensive or unhealthy.
10. Wear appropriate, non-revealing, and safe clothing and attire.
11. Use the materials, equipment, furniture, facility and grounds in a respectful and clean manner. *(Leave it as you found it.)*
12. Do not tamper with City owned and operated thermostats, or other equipment.
13. Obey the City of Surprise smoking ordinances, both inside and outside of the building, including vaping. *(Section 22-23 under Health Ordinance)*
14. Not be in possession of unauthorized items such as explosives, firearms or weapons inside the Senior Center, which is prohibited.
15. Abide by the eligibility criteria and follow the City of Surprise Senior Services policies set in place for the congregate meal program. Information can be obtained at the front desk.
16. Obey all federal, state, county and city laws and ordinances.
17. Function and maneuver independently and safely in/around the Senior Center at all times; or have a designated caregiver present at all times to assist with personal needs or safety concerns.
18. Be solely responsible for using and storing assistive devices, such as oxygen tanks, and other medical equipment. At no time can these devices be left unattended.
19. All personal items must remain with you at all times. City staff are not responsible for unattended items.
20. Unsanctioned gambling and/or soliciting is prohibited.
21. Social groups in shared spaces are scheduled by staff and can be changed without notice at staff's discretion. All social groups will be respectful of other groups and be mindful of their noise level.
22. Animals, *except* service animals are prohibited. *A.R.S. 11-1024 "Service animal" means any guide dog, signal dog or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability.*

Failure to abide by this Code of Conduct may result in a membership being suspended or revoked at discretion of the staff. I understand that memberships are nonrefundable. By signing I acknowledge that I have read, understand and agree to abide by this Code of Conduct at all times.

Signature: _____ Date: _____

Upon enrolment you will receive a copy of the code of conduct.



THE CITY OF SURPRISE SENIOR SERVICES Congregate Meal Policies & Procedures

All individuals using the Surprise Senior Center including the meal program will respect the rights, diversity and dignity of others.

- For participants who qualify for the Congregate meal program, the suggested contribution rate is \$2.50 per meal.
- For participants between the ages of 50-59 who do not qualify for the Congregate meal program, the suggested contribution rate is \$5.00 per meal.
- Individuals must make lunch reservations no later than **12 noon, two** business days in advance.
- Cancel reservations **two** days in advance, or as soon as possible, in an emergency.
- Individuals must consume the meal while at the Senior Center. Food items are not to be taken home.
- The Congregate meal cannot be ordered as a "To Go" or "Pick Up" meal.
- Participants must order the "Alternate" offered on Monday, Wednesday and Friday no later than **12 noon, two** business days in advance.
- Participants will be seated in the dining area by 11:55 a.m. This helps staff and our volunteers better serve you.
- Participants will exit the dining area by 1:00 p.m. to allow time for cleaning and program set up.

Participant Signature: _____

Date: _____

The Congregate meal program is sponsored, in part, by the Area Agency on Aging, Region 1. and is designed for adults age 60 and better, and adults with disabilities.



AREA AGENCY ON AGING
REGION ONE, INCORPORATED