



All areas are required to be filled out. This is used for our grant reporting. Your Information will not be shared.

### 2021-2022 REGISTRATION

Date Completed: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Live with emergency contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Health Conditions: \_\_\_\_\_

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

Are you a Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No Spouse of a Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you disabled: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Please Circle

#### Race:

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

#### Ethnicity:

- Hispanic
- Non-Hispanic
- Other

#### Marital Status:

- Married
- Divorced
- Widowed
- Never Married
- Separated

Monthly Household Income: \$ \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

Number of Persons living in your household: \_\_\_\_\_

#### Household Composition:

\_\_\_\_\_ Lives Alone      \_\_\_\_\_ Lives with Spouse      \_\_\_\_\_ Multi-Generational  
 \_\_\_\_\_ Lives with Non-Family      \_\_\_\_\_ Female 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 #



## Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Surprise has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you will not become infected with COVID-19. Further, attending any City program or activity may increase your risk of contracting COVID-19, and may increase the risk of transmitting COVID-19 to others.



I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that I, or members of my group or organization, may be exposed to or infected by COVID-19 by participating in any way in any event, program, activity, reservation or rental taking place at a City of Surprise facility, park, or property and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at a City of Surprise facility, park, or property may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Surprise employees, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or members of my group or organization, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that they or I may experience or incur in connection with participation in any event, program, activity, reservation or rental taking place at a City of Surprise facility, park, or property. I hereby release, covenant not to sue, discharge, and hold harmless the City of Surprise, its employees, agents, and representatives, of and from any claims related to COVID-19, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I further agree to indemnify and hold harmless the City of Surprise and its employees, agents, and representatives from any claim that may arise from or in connection with my or members of my group or organization's participation in any program taking place at a City of Surprise facility, park, or property including claims related to COVID-19. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City of Surprise, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Surprise event, program, or activity.

Name of Responsible Party (parent or legal guardian if participant is under 18):

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Signature of Responsible Party:

Date:

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## 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: \_\_\_\_\_





## The City of Surprise, Senior Center Congregate Meal Policies & Procedures

All individuals participating in Senior Center programs including the congregate meal program will respect the rights, diversity and dignity of others.

- Updated paperwork is required each fiscal year.
- 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 by **12 noon**, at least **two** business days in advance.
- Reservations may be made up to one week at a time.
- Reservations cannot be made for other participants, unless in the same household.
- Cancel reservations **two** days in advance, or as soon as possible, in an emergency.
- If a participant is a no show for three days or more, you may be removed off the reservation list until further notice.
- The Congregate meal cannot be ordered as a "To Go" or "Pick Up" meal.
- Individuals must consume the meal while at the Senior Center. Food items are not to be taken home.
- When available, participants must order the "Alternate" no later than **12 noon**, **two** business days in advance.
- Participants must 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 Name: \_\_\_\_\_

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





## THE CITY OF SURPRISE SENIOR CENTER CODE OF CONDUCT

Revised May 2021



*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.

# 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
<b>TOTAL SCORE</b>	

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.





# Waiver and Assumption of Risk

*Please consult with your physician before beginning any exercise program.*

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Tivity Health Services, LLC participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health™ Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Tivity Health participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Tivity Health participating location, any sponsoring organization, Tivity Health, Inc., or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities. In addition, I agree that Tivity Health may engage in – and I hereby expressly consent to – (i) the recording (in video and/or still photo format) of my participation in Tivity Health classes, workshops or other programs, and (ii) the publication or other use by Tivity Health of any such recordings in social media, broadcast media, print media, general advertising and similar purposes.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Tivity Health participating location or individual.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed
- Open cuts on my feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- More than two falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity

\_\_\_\_\_  
Print Member's Name

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Contact Phone Number