

**WEST WINDSOR SENIOR CENTER (WWSC)**  
271 Clarksville Road, PO Box 38, West Windsor, NJ 08550  
Phone: (609) 799-9068 Email: seniorcenter@westwindsortwp.com

**MEMBERSHIP REGISTRATION (55 YEARS OLD OR OLDER)**  
**WWTwp. RESIDENT (Proof of Residency/Age)**

Passport  License/ID  Tax Bill  Utility Bill  Bank Statement  Lease

**VISITOR**  (\_\_\_\_ Months) **NON-RESIDENT**

**(PLEASE PRINT CLEARLY)**

Today's Date: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_  
*Street (Number and Name)* *Apt. #*

\_\_\_\_\_  
*City, State, Zip Code*

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

**EMERGENCY INFORMATION**

Please share concerns important to know in an emergency, i.e., diabetes, allergies, medication, etc.

\_\_\_\_\_  
\_\_\_\_\_

**PERSON TO CALL IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

**I have read and agree to West Windsor Senior Center's General Rules and Code of Conduct. I further understand that if I move out of West Windsor Township, this Membership Registration will be invalid. All registrations must be updated annually, along with Activity/Program Participation Forms, copy attached.**

**West Windsor Senior Center Use Only**

Assigned Sign-In Key: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

**May 2024**

**Date Joined/Updated** \_\_\_\_\_

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## ACTIVITY/PROGRAM PARTICIPATION FORM

*It is recommended that you check with your physician regarding your ability to safely participate in physical fitness activities/classes or dance programs prior to registering or attending the classes.*

### **!Please Read and Sign Below!**

I have checked with my physician and I take full responsibility that I am physically able to participate in physical fitness activities of any choice and accept and assume any and all risks resulting from attendance and participation.

I hereby release on my behalf and that of my heirs, West Windsor Township, its employees, instructors, representatives, volunteers and agents from any and all liability arising from my participation in any physical activity including all fitness programs.

I certify that I have read and understand the above statement and waiver of liability.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**NOTE:** Physical modifications to classrooms, such as chairs or tables during a non-chair class are not able to be accommodated due to safety concerns and trip hazards.