

**ROCKY HILL SENIOR CENTER  
MEMBERSHIP REGISTRATION FORM**

Please print clearly. This form may be duplicated or printed from the website [rockyhillct.myrec.com](http://rockyhillct.myrec.com).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EMERGENCY CONTACT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

*Choose one*

*Choose one*

Renewal      New    1                      Resident Rate: Free              Non-Resident Rate \$20  
Interested in volunteering      Yes              No

If yes, please indicate how you may want to help: \_\_\_\_\_

I would like to receive The Compass Newsletter by:      email                      pickup at the center

---

**Payment Information** (for non-residents only):

Check Enclosed – Check # \_\_\_\_\_      *All Checks made payable to: "Town of Rocky Hill"*

Credit Card – Check One:              Visa              Mastercard              Discover

Credit Card # \_\_\_\_\_      Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_      CVV: \_\_\_\_\_

*If billing address is different than mailing address, please indicate it here:*

---

**Liability Release Form**

I am aware of the nature of this activity and I hereby assume responsibility for myself. I will not hold the Town of Rocky Hill, the Department of Senior Services, and/or its employees or agents responsible in case of any accident or injury as a result of this participation. I hereby further agree to indemnify and save harmless the Town of Rocky Hill, a municipal corporation of the State of Connecticut, from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participation in Senior Center activities.

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Return this completed form to: Rocky Hill Senior Center, 761 Old Main Street, Rocky Hill, CT 06067 or email: [smarquardt@rockyhillct.gov](mailto:smarquardt@rockyhillct.gov)