

MEMBER ENROLLMENT FORM



Please Print Information

Name: _____ Gender: Male Female
Street Address: _____
City, State, Zip: _____
Home Phone #: _____ Cell Phone #: _____
Email Address: _____ Birthday: ____/____/____
Marital Status: _____ Spouse's Name: _____
Wedding Anniversary: _____ Housemate: _____
How did you hear about the center? _____

Emergency Contacts

In the event you are unable to communicate in an emergency, 911 will be called immediately.

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone Number: _____ Phone Number: _____

In the event you are unable to communicate in an emergency, are there any medical conditions that you would like us to be able to share with an emergency medical provider? _____

Releases

The Bulverde Spring Branch Activity Center produces a member directory yearly for its members. Do you authorize your contact information to be listed in this publication? **Yes** **No**

The Bulverde Spring Branch Activity Center uses social media such as their website, Facebook and electronic newsletters to keep members/public informed about the activities and events going on at the center. Do you authorize the Bulverde Spring Branch Activity Center the right to use your photograph or image for these purposes? **Yes** **No**

The information provided on this form will be kept confidential and guarded against unofficial use. Information gathered through an intake or through an assessment may be shared to effectively plan, arrange and deliver services to meet your needs.

Medical & Health Information – Voluntary

Information you would like us to have on file in the event of an emergency

Physician: _____ Office Phone: _____
Preferred Hospital: _____ Phone: _____

Release of Liability

I certify that I am participating in Programs and Activities sponsored at or by the Bulverde Spring Branch Activity Center voluntarily, with or without the consent of my health care specialist.

The scheduled programs and activities, including the exercise and fitness center classes, have been explained to me, and I fully understand what is involved in participation.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in Bulverde Spring Branch Activity Center activities. I hereby release Bulverde Spring Branch Activity Center and its officers, employees, or agents from any liability, costs and damages resulting from my participation in the various programs.

I further certify that I have read the foregoing document, I understand and agree to its terms and conditions and that I make this application and waiver voluntarily.

SIGNED, this _____ day of _____, 2019.

Member Signature

Printed Name

For Office Use Only:

Tivity Health SilverSneakers®

Optum® Fitness Advantage /
Renew Active

Silver&Fit®

Tivity Health Prime®

Optum® At Your Best /
AARP® Medicare Supplement

Paid (if applicable): \$ _____

Health Plan ID: _____

For Office Use Only

Payment Date:	Payment Amount:
Entered into MSC:	Entered into Custom:
Entered into CC:	Scan Card Number:

Member Volunteer Information

Name: _____ Phone #: _____ Email: _____

Availability

During which hours are you available for volunteer assignments?

Weekday mornings _____ Weekend mornings _____

Weekday afternoons _____ Weekend afternoons _____

Weekday evenings _____ Weekend evenings _____

Interests

Tell us in which areas you are interested in volunteering

- Administration / Computer
- Style Show (July)
- Craft Show (November)
- Special Events (dances and other social events)
- Kitchen
- 5 K Fundraiser (1st Saturday in May)
- Maintenance
- Fellowship Meals
- Meals on Wheels

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.