



BULVERDE SPRING BRANCH ACTIVITY CENTER

SERVING ADULTS 50+

Welcome to the Bulverde Spring Branch Activity Center

We are excited to have you as part of our BSBAC community!

Office hours are Monday – Thursday, 9:00 am – 4:00 pm and Friday, 9:00 am – 1:00 pm.

Office staff:

Jessica Rosario, Executive Director
DeLisa Leopold, Membership Director
Reghan Swenson, Marketing/Event Coordinator
Jean Larson, Kitchen Volunteer Coordinator
Jasmine Barrowman, Administrative Assistant
Todd Foster, Transportation

We strive to offer you an enjoyable experience here at BSBAC; our doors are always open to our members.

Enclosed in this packet:

- **Free Lunch Card**
 - We serve a Fellowship meal at 11:30am daily (11:00am on Fridays)
 - **Temporarily suspended due to COVID-19 guidelines**
- **Free Fitness Class Card**
 - We offer a wide variety of fitness classes; see our monthly calendar for class details.

On our website:

- **BSBAC Weekly/Monthly Newsletter**
 - With each week/month, there are opportunities to learn, create, and socialize...check out all there is to offer!

Volunteering:

- **Volunteer Opportunities**
 - Do you enjoy meeting new people and sharing your time with others? We have wonderful volunteers here at BSBAC and welcome you to join them! Visit the Volunteer Center in the Front Office for current opportunities.

30280 Cougar Bend, Bulverde, Texas 78163

(P) 830-438-3111 (F) 830-438-3144

Visit us at www.bsbac.com



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: _____

Veteran: Yes No

Race: White Black Native American Asian Other

Ethnicity: Hispanic Yes No

How did you hear about the center? _____

If a current BSBAC member referred you to us, please share their name with us so we can thank them!

Referred by: _____

Our center has a variety of volunteer opportunities including Meals on Wheels, office assistance, grounds keeping, etc.

Yes, I would like to receive a Volunteer Information Packet.

Emergency Contacts

In the event you are unable to communicate in an emergency, we will contact 911 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 _____, 2021.

 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 SS:	Payment Note:
Entered into CC:	Scan Card Number:
Enrolled into Insurance:	Insurance Info. in SS:
Database Photo:	MEF Scanned to record: