



Mary Ellen Estes Senior Community Center Membership Application

Please PRINT clearly.

Date: _____

Last Name: _____ First Name: _____ M ☐ F ☐

Cell Phone Number: _____ Home Phone Number: _____

Email Address (PRINT CLEARLY): _____

Address: _____ City: _____ Zip: _____

County: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relationship: _____

Cell Phone Number: _____ Home Phone Number: _____

2. Name: _____ Relationship: _____

Cell Phone Number: _____ Home Phone Number: _____

Any medical conditions/concerns _____

Additional information we need to know _____

As a participant at the Mary Ellen Estes Senior Community Center, I understand that I am voluntarily participating in a variety of programs, offerings and/or activities conducted onsite at the Center or offsite at various program sites. The contact information above will be used for communications by SCPARA personnel, program contractors, or such. SCPARA and its employees, volunteers, and affiliates cannot assume responsibility for any liability or accident, injury, or health issue which may arise from my participation. I also understand that I am waving any right to any claim against SCPARA personnel or other Shelby County employee.

Additionally, I hereby give permission to the SCPARA, its employees or designated affiliate to use any photo or video of me participating in any programs or initiatives applicable to the Mary Ellen Estes Senior Community Center, SCPARA program, event, or excursion.

****SCPARA will not place participant names with photos or videos.***

Signature: _____ Date: _____