Membership Enrollment Form

Young at Heart Activity Centers
349 Edgemont Avenue • Liberty SC 29657 864.855.3770
120 Commons Way • Central SC 29630 864.507.2245
250 Burns Road • Easley SC 29640 864.614.1280
www.pcmow.org

① Name:_____
First Middle Last

Home Phone:_____Cell Phone:_____Email:_____

Date of Birth (Required)_____
Month Day Year

Address: _____
Street City Zip

Emergency Contact
Name:_____Relationship_____

Contact's Address_____
Street City Zip

Contact's Main Phone: _____ Contact's Email_____

② I am interested in:

☐ **Membership**($25 per year per individual/$35 per couple) _____**Central or** _____ **Easley or** _____**Liberty**

☐ **Wellness:** ___Health Screenings ___Fitness/Exercise ___Support Groups ___Educational Workshops

☐ **Financial Security:** ___Insurance ___Financial Planning ___Legal Services ___Consumer Protection

☐ **Lifestyle Activities:** ___Arts/Crafts ___Games ___Music ___Dance ___ Day Trips ___Educational Classes
_ __Volunteer Opportunities ___Other_____

③ Help Us Get to Know You Better

Gender: ___Male ___Female **Race:** ___ American Indian ___Asian ___Black ___Pacific Islander ___White

Ethnicity: ___Hispanic or Latino ___ Not Hispanic or Latino

I am: ___Single ____ Married ____Widowed

I live: ___Alone ___With Friend/Roommate ___With Spouse ___With Children ___With Other Family

Years Lived in this Area: ____New to the Area ____1-5 Years ____6-15 Years ____ 15+ Years____All My Life

Please Turn Over and Fill Out the Reverse Side

Help Us Get to Know You Better(Continued)

I am: ___Retired ____Working ____A Caregiver of a Spouse or Parent

___a Veteran, Branch Served:_____ Previous Occupation_____

How many children do you have if any? Children(#)_____; Grandchildren(#)_____

Do you have any pets? ___Yes ___ No

If yes, please tell us more:_____

Name of place of worship, if any:_____

How did you hear about the Young at Heart Activity Center?

___Website ___Presentation ___ Friend/Family __Other_____

Are there programs and/or services that you would like to see the Young at Heart program offer?

_____

_____

Do you have a special skill(s) that you would like to share as a course instructor or special presentation?

_____

④Photo Release

The Young at Heart Activity Center likes to include photographs of members enjoying life with each other in various publications, website and other social media. Please let us know by indicating below if you DO or DO NOT want the Young at Heart Activity Center/Meals on Wheels to use your picture in promotional pieces

☐ It is OK to use my photograph in promotional pieces, including print and social media

☐ Please do not use my photograph in any promotional pieces, including print and social media

⑤ Liability Waiver

I, the undersigned, being aware of my own health and physical condition, am voluntarily participating in activities at the Young at Heart Center and therefore have the knowledge that my participation in activities, exercise, and transportation services may be injurious to my health. Having such knowledge, I hereby acknowledge this release, and hold harmless any representatives, agents, and successors of Pickens County Meals on Wheels/Young at Heart Activity Center from liability for accidental injury or illness which I may incur as a result of participating in said activities. I hereby assume all risks associated therewith and consent to participant in said program(s). I agree to disclose any physical limitations, disabilities, ailments or impairments which may affect my ability to participate in said program, including activities and fitness activities.

Signature_____ **Date**_____

Office Use Only: Date Rec'd _____ **Amount Paid** _____ **Credit Card_____, Cash____, or Check#** _____