



Mail to: Manalapan Senior Citizen Center  
120 Route 522, Manalapan, NJ 07726  
Phone (732) 446-8401 Fax (732) 446-2564  
Email – [seniorcenter@twp.manalapan.nj.us](mailto:seniorcenter@twp.manalapan.nj.us)

**2024 MEMBERSHIP REGISTRATION**

NAME: \_\_\_\_\_  
(Last) (First)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(City) (Zip Code)

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
Registration is open to those 60 years of age or older.

RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other	
IS PRIMARY LANGUAGE ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what Language?	
TRANSPORTATION <input type="checkbox"/> Car <input type="checkbox"/> Public Trans. <input type="checkbox"/> Relative/Friend <input type="checkbox"/> SCAT	
LIVES <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Other	NUMBER IN HOUSEHOLD:
BELOW POVERTY LEVEL <input type="checkbox"/> Yes <input type="checkbox"/> No	
ALLERGIES:	
FRAIL <input type="checkbox"/> Yes or <input type="checkbox"/> No	
PROSTHETIC DEVICES <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Dentures <input type="checkbox"/> Walker/Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Glasses <input type="checkbox"/> None	

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ (CELL) \_\_\_\_\_

MEMBER SIGNATURE

DATE

**TOWNSHIP OF MANALAPAN**  
**RELEASE/WAIVER OF LIABILITY**

Please initial classes/activities that you participate in      DATE: \_\_\_\_\_

Yoga\_\_\_\_\_ Strength Training\_\_\_\_\_ Healthy Bones\_\_\_\_\_ Tai-Chi\_\_\_\_\_ Zumba\_\_\_\_\_

Gentle Cardio\_\_\_\_\_ Book Club \_\_\_\_\_ Bingo & Social\_\_\_\_\_ Bus Trips \_\_\_\_\_

1. I understand and agree that my participation in the activity of the Manalapan Township Senior Citizen Center or bus trips sponsored by Manalapan Township listed above will present certain risks and hazards depending on the specific nature of the activity or trip involved and that my photo may be taken during an activity and used on social media platforms.
2. I understand and agree that my participation in any remote online classes or activities presented under the guidance of the Township of Manalapan Senior Citizen Center is a totally voluntary situation and I assume full responsibility for my participation and agree to hold harmless the instructors and the Township of Manalapan and its employees.
3. I understand and agree that it is my responsibility to determine the nature of the trip or activity in which I am to participate; the degree and level of physical activity that will be necessary in order for me to participate in said activity.
4. I am fully aware of the risks, hazards and level of physical activity required to participate in the above listed activity and I hereby represent to the Township of Manalapan Senior Citizen Center or bus trips sponsored by Manalapan Township that I am physically able to fully engage and fully participate in this activity.
5. I understand and agree that neither the Township of Manalapan nor the Manalapan Township Senior Citizen Center or bus trips sponsored by Manalapan Township requires me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, personal property damage that may be sustained by me, or any loss of damage to property owned by me, as a resolute of being engaged in such activity.

**IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed.

**PARTICIPANT SIGNATURE:**

DATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_

\_\_\_\_\_  
**Address**