



## Please Print all Information

**Fairport Harbor Senior Citizens Center**  
**Membership Form for the Year 2025**  
 Membership Dues: Resident/Non-Resident - \$12.00

New Member  
 Renewal

Personal Information	
Name: _____	
(First)	(M.)
Address: _____	
City, State, Zip: _____	
Telephone: _____	Cell Phone: _____
Birthday Date: _____	Anniversary Date: _____
Email Address: _____	
Spouse/Partner: _____	
Emergency Contact	
Name: _____	Relationship: _____
Address: _____	City, State, Zip: _____
Telephone: _____	Cell Phone: _____
Dues Payment	
Check No. & Amount: _____	Cash Amount: \$ _____

Your Interests:

Any Special Needs:

### Participation Waiver and Agreement

Please read and sign

1. I, \_\_\_\_\_, a participant in activities, including pickleball, programs, and trips sponsored by Fairport Senior Center, do hereby acknowledge that I am voluntarily participating. I recognize that in any activity program or trip, there are certain risks of injury to myself. I declare that my health and physical condition is adequate to meet the physical requirements of activities, programs, and trips in which I participate.
2. I agree to hold the Fairport Senior Center, their respective agents, representatives, instructors, volunteers, and participating companies and agencies harmless and indemnify them from any and all claims for damages to persons and property caused by myself or for any and all injuries sustained by me during my activities, programs and trips.
3. I agree to obey and abide by the rules and regulations of the Fairport Senior Center and to follow said instructions of same.
4. I further acknowledge the I am becoming a registered member of the Fairport Senior Center in reliance upon this waiver of liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:*  D/B  Label  
 Ann  BD

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