

Medford Area Seniors Meeting at Cranberry Hall Senior Center

REGISTRATION FORM

Name:		
Address:		
Town:	State:	ZIP:
Home Phone #: ()		
Cell Phone #: ()		
E-mail Address:	@	
Emergency contact Name		
Tel#	home/cell	

Please drop this form off at Cranberry Hall located behind the Medford Municipal Building 17 North Main St. any day from 9:00-4:30.

In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, and/or to transport me to the nearest medical facility for treatment. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Medford, its supervisors, employees, and all program volunteers, as well as other persons connected with Medford Township, from all liability relating to personal injury or property damage that I may sustain by reason of my participation in, equipment or facilities therein. I am willing to receive e-mails informing me of events, programs or weather related changes and to have my contact information appear in our members only directory.

I also understand that Medford Township does NOT provide accident insurance for any of its participants.

PARTICIPANT SIGNATURE	DATE