



**Fontana Community Senior Center**  
 16710 Ceres Ave., Fontana, CA 92335  
 Monday – Friday 7 a.m. – 8 p.m.  
 Saturday 8 a.m. – 12 p.m.  
 909.854.5151 -- Fax 909.854.5158  
[www.fontana.org](http://www.fontana.org)

## Membership and Medical Information

						Office Use Only			
Last Name		First Name				Purchase Date:		Expiration Date:	
Home Telephone		Cell Phone		Work Phone		Fitness Orientation Completed:		Staff Initials:	
Address			City		Zip Code		Sign me up to receive email notification regarding events and activities (check) <input type="checkbox"/>		
Gender (circle one) <b>Male</b> or <b>Female</b>		Date of Birth		Age		Email Address:			
Doctor's Name			Hospital Name			Doctor's Telephone			
Emergency Contact Person #1			Relationship			Telephone			
Emergency Contact Person #2			Relationship			Telephone			
Any Medical Conditions or Sensitivities									

### RELEASE OF LIABILITY & ASSUMPTION OF RISK

I, \_\_\_\_\_ on behalf of myself: or on behalf of my minor child \_\_\_\_\_, hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to the participant, his/her heirs or other successors as a result of my participation in any activity, or activities incidental thereto, (hereinafter referred to as the "activity") sponsored by the City of Fontana. This is intended to release and hold harmless the City of Fontana and it's elected officials, officers, employees, contractors and agents.

I understand that the participant must be in good health prior to participating in the activity. I understand that serious accidents occasionally occur to participants during such an activity, transportation to or from such an activity, and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree that under no circumstances will I, or any of the participant's heirs or successors present any claim or action against the City of Fontana.

I also agree that the participant may be photographed and or filmed, and or agree to have the participant photographed and or filmed, and release the use of the photographs and or footage for publicity in City of Fontana publications and other public information materials.

**I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this release.**

Signature of Participant, Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL RELEASE

I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

Signature of Participant, Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

Existing Medical Condition / Allergies: \_\_\_\_\_

### SPECIAL NEEDS

For those who may require special accommodations to participate in a City program or activity, please complete the information below so that we may assist you in enjoying your experience to the fullest.

Please contact me regarding the following necessary program modification: \_\_\_\_\_

**Requirement:** Please note that all participants who purchase a senior center membership must be age 55 or older at the time of purchase.

**Fees:** The cost of the center membership is \$20.00 per year and is valid for 365 days from the day of purchase. There is also a \$2.00 non-refundable processing fee for each entire transaction. Non-Residents will be charged a \$12.00 non-resident fee per membership.

**Payment:** The senior center takes cash, credit, checks and money orders as forms of payment. Only Visa, Mastercard and discover are accepted. Checks must be made payable to: **City of Fontana**. Government issued ID's are required for all credit card transactions and checks.

**Refund Policy:** Center memberships are non-refundable.

**\*\*\* Fitness Room Disclaimer:** All members using the Fontana Community Senior Center gym will be required to complete a fitness room orientation prior to the first time that you are able to use the gym. At any time, if a patron is found not following the rules and procedures that are gone over at the orientation, the City of Fontana reserves the right to ask you to leave. \*\*\*

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## Fontana Community Senior Center Center Guidelines

The Fontana Community Senior Center is dedicated to providing quality service to everyone who participates in center activities at the Fontana Community Senior Center. The goal of the staff and volunteers is to maintain a welcoming, safe and supportive environment for all those who utilize our facilities.

In order to ensure comfort and enjoyment for all participants, the following set of guidelines is recommended.

**We ask that all participants:**

- 1. Treat all center patrons, volunteers and staff with respect.**
- 2. Maintain a positive attitude.**
- 3. Make good choices. Please refrain from using offensive language, gestures and other actions that might offend other patrons.**
- 4. No fighting, bickering or arguments.**
- 5. If you need help, talk to center staff they are here to help you.**
- 6. Remember that everyone is here to have a good time.**
- 7. Follow all center rules and remember that they are there for your safety.**
- 8. Be open to new people and experiences.**
- 9. Treat the facility with respect.**
- 10. Enjoy everything the center has to offer, it is here for your enjoyment.**

I have read, understand, and agree to follow these and any future updated Center Guidelines. I further understand that City staff reserves the right to revoke my membership without prior notice based on my behavior and conduct at the Fontana Community Senior Center.

\_\_\_\_\_

Participant's Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date