



Senior Program Application

Goleta Community Center
5673 Hollister Ave
Goleta, CA 93117

PERSONAL INFORMATION (Please print and complete all fields)		
First Name	MI	Last Name
Address	City	Zip Code
Home Phone Number	Cell Phone Number	Gender (Optional) Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday (mm/dd/yyyy) (optional)		Email
Present or former occupation:		

EMERGENCY CONTACT INFORMATION (Please complete all fields)		
First Name	Last Name	Relationship
Home Phone Number	Cell Phone Number	Work Phone Number
Doctor's Name – Phone Number (Optional)		
Medical/Food Allergies		

MEMBERSHIP INFORMATION
How did you hear about the Senior Program
Non-Profit <input type="checkbox"/> Church <input type="checkbox"/> Publication <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Member <input type="checkbox"/>
Other: _____

PHOTOGRAPH CONSENT
I, _____ hereby, consent and give permission to use my photographs from my participation in the Senior Program at the Goleta Community Center.



HOLD HARMLESS AGREEMENT

The undersigned hereby agrees to protect, defend, indemnify, hold harmless and render whole the City of Goleta, its officers, directors, employees, agents, volunteers, and other involved from and against all loss, liability, claim for injury, charges and expenses (except attorney's fees) and causes of action of whatsoever character which may arise by reason of participation in this program or in any way connected.

Initials: _____

Print

Address

Signature

Date

By typing your name here, you are signing the document electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on the document, and the same meaning as your handwritten signature.

APPLICATIONS AND PAYMENTS

Mail or In-Person:

Goleta Community Center
Attn: Senior Program
5679 Hollister Ave, Goleta, CA 93117

Or by email:

dcrolius@cityofgoleta.org

OFFICE USE ONLY

Received by: _____

Date: _____