

2023 SENIOR MEMBERSHIP FORM BROOKFIELD SENIOR COMMUNITY CENTER

RESIDENTS AND NON-RESIDENTS: COMPLETE AND SIGN THIS FORM, THEN RETURN IT TO THE OFFICE TO BE A MEMBER from **January 1 - December 31, 2023.**

LAST NAME	FIRST NAME	PHONE	BIRTH DATE
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STREET ADDRESS	CITY	STATE	ZIP
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CITY OF BROOKFIELD RESIDENT? ☐ YES ☐ NO Email: _____

EMERGENCY CONTACT _____

PHONE
I, the undersigned, do hereby agree to allow the individual named herein to participate in activities at the Brookfield Senior Community Center. I am aware of and understand that there may be potential risks inherent with participation in any recreation activity, and that neither the City of Brookfield nor Ascension Health Care provide accident insurance and cannot assume responsibility for injury to any participants in its recreation programs. I further understand the program eligibility requirements and cancellation, transfer, and refund policies as stated in the Department Activity Guide.

SIGNATURE: _____ DATE _____

☐ I would like to participate in the SENIOR EXERCISE CLASS SPONSORED BY ASCENSION HEALTH CARE

THERE IS A **\$12.00 USER FEE** FOR ALL **NON-RESIDENTS** WHO WISH TO PARTICIPATE IN ACTIVITIES AND RECEIVE THE 2023 NEWSLETTERS. **IF YOU ARE A NON-RESIDENT**, PLEASE INCLUDE THIS AMOUNT WITH YOUR REGISTRATION FORM. Make check payable to "City of Brookfield." The fee and registration form can be mailed in or dropped off at Parks & Rec at 2000 N. Calhoun Road, Brookfield, WI 53005.

Office use only - Non-Resident fee paid (\$12.00): _____ Yes _____ No Date: _____ Rec'd by: _____
#336000-01 Senior Membership and #336100-01 Senior Exercise Rec\Sen\Forms\Membership23

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