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	F	PHONE	BIRTH DATE
STREET ADDRESS	C	ITY	STA	ATE ZIP
CITY OF BROOKFIELD RE	SIDENT? YES NO	Email:		
Community Center. I am awa activity, and that neither the responsibility for injury to any	CONTACT by agree to allow the individual r are of and understand that there r City of Brookfield nor Ascensio participants in its recreation progra nd policies as stated in the Departm	nay be potential risl n Health Care pro ams. I further unde	ks inherent with vide accident ir	participation in any recreation surance and cannot assume
SIGNATURE:				DATE
	cipate in the SENIOR EXE			
NEWSLETTERS. IF YOU ARE A	E FOR ALL NON-RESIDENTS WHO NON-RESIDENT, PLEASE INCLUDE 1 registration form can be mailed in or dr	THIS AMOUNT WITH	OUR REGISTRA	TION FORM. Make check payable
	ident fee paid (\$12.00):			Rec'd by: Rec\Sen\Forms\Membership23
BRC	2023 SENIOR ME DOKFIELD SENIOR			TER

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LAST NAME	FIRST NAME		PHONE	BIRTH DATE
STREET ADDRESS		CITY	STA	TE ZIP
CITY OF BROOKFIELD RES	IDENT?	NO Email:		
EMERGENCY PhiloNatersigned, do hereby				

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 _____ Yes ____ No Date: ______ Rec'd by: _______