



# HARVEST YEARS SENIOR CENTER, INC.

30 SOUTH STREET, CAMDEN, DE 19934

E-MAIL ADDRESS: [hysc@comcast.net](mailto:hysc@comcast.net)

PHONE: (302) 698-4285 – FAX: (302) 698-4286

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ (OPTIONAL)

MARITAL STATUS: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**EMERGENCY INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**LIST ANY PHYSICAL/MENTAL PROBLEMS THAT THE CENTER NEEDS TO KNOW ABOUT:**

**DO YOU WANT YOUR NEWSLETTER (Circle One):** Mailed \_\_\_\_\_ Pick-up \_\_\_\_\_

**If mailed would you please donate extra towards the cost of postage?** YES \_\_\_\_\_ NO \_\_\_\_\_

**WAIVER:** I HEREBY RELEASE THE HARVEST YEARS SENIOR CENTER, INC. FROM ANY LIABILITY, OTHER THAN NEGLIGENCE, RESULTING FROM MY PARTICIPATING IN CENTER ACTIVITIES.

(Circle one) Ethic Group: African American, Hispanic, Asian, Non-Minority (White, not of Hispanic Origin)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **BELOW FOR OFFICE USE ONLY**

Staff member - Initial all entries

Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Card issued \_\_\_\_\_ Outlook \_\_\_\_\_

Dues Screen \_\_\_\_\_ Index \_\_\_\_\_

Member # \_\_\_\_\_ Access \_\_\_\_\_ Label \_\_\_\_\_

**FORM OF PAYMENT:** CASH CREDIT CARD \_\_\_\_\_ HARVEST YEARS GOLD CARD CHECK \_\_\_\_\_