

MEMBER FORM

**PAULDING COUNTY SENIOR/COMMUNITY CENTER
54 INDUSTRIAL WAY NORTH, DALLAS, GEORGIA 30132
PHONE: 770-443-8873 / FAX: 770-443-3227
EMAIL: broach@paulding.gov**

Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

IN CASE OF EMERGENCY CONTACT: _____ Phone: _____

My Doctor is: _____ Phone: _____

MEDICAL CONCERNS: _____

Interests: Check any item that may interest you:

Gardening

Playing Cards

Helping Others

Walking

Arts & Crafts

Traveling

Exercise

Painting

Overnight Trips

Reading

Meeting People

Singing

Playing Musical Instruments

By signing below, I do hereby release, absolve, indemnify, and hold Harmless the Paulding County Senior/Community Center & Paulding County Government, and all its assigns; and in case of injury I hereby waive all claims against the organizers & supervisors of the activity. I likewise release from responsibility any person transporting me on trips.

SIGNATURE: _____ DATE: _____