

Membership is for those  
55 and older

**BROKEN ARROW SENIORS, INC.**  
1800 South Main Street, Broken Arrow, Oklahoma 74012  
(918) 259-8377

# Membership Form

**Office to complete**  
New Member \_\_\_\_\_ Renewal \_\_\_\_\_  
Date paid: \_\_\_\_\_ Amount paid: \_\_\_\_\_  
\_\_\_\_\_ Cash \_\_\_\_\_ Charge  
\_\_\_\_\_ Check # \_\_\_\_\_

Today's Date \_\_\_\_\_

**Member Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender:** M \_\_\_\_\_ F \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Is Spouse a Member? Yes No Spouse's Name \_\_\_\_\_

**I am:** Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

Marital Status (check one): Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_ Other: \_\_\_\_\_

I currently live (check one): Alone \_\_\_\_\_ With my spouse \_\_\_\_\_ With my children \_\_\_\_\_ Assisted \_\_\_\_\_ Other \_\_\_\_\_

Are you handicapped? Yes No Drug Allergies? Yes No If YES, please explain \_\_\_\_\_

Daily medications \_\_\_\_\_

Do you have any health issues? \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Will you need transportation to and from the activity center? Yes No Would you be willing to serve as a volunteer at the center? Yes No

Honorarium (Free!) \_\_\_\_\_ **Note: Honorary Members must be 90 years of age or older**

How did you hear about us? \_\_\_\_\_ **Member Signature** \_\_\_\_\_

**PLEASE CONTINUE ON OTHER SIDE**

Primary Emergency Contact that Broken Arrow Senior Center should contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number (area code): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Emergency Contact that Broken Arrow Senior Center should contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number (area code): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Thank You for Your Membership!**

### **Waiver and Assumption of Risk**

I, \_\_\_\_\_, participant of Broken Arrow Seniors, Inc., 1800 S. Main Broken Arrow, Ok 74012, do voluntarily sign this waiver and assumption of risk. This includes any and all activities. I am fully aware that there are certain risks and dangers associated with the facilities, instructions, equipment and/or activities that cannot be eliminated regardless of the care taken to avoid injuries and that these risks and dangers have been fully explained to me. I fully understand the risks and dangers involved. I assume the risks and dangers involved and agree to use my best judgment in undertaking these activities and agree to follow all safety instructions. I waive, release, covenant not to sue and agree to indemnify and hold harmless BASI from any claims, actions, suits, costs, expenses, damages or liabilities, including any attorney's fees for personal injury, property damage, accidents, illnesses, death, or any incidental damages that may arise from my use of the facilities or equipment or from my participation in the activities or receipt of instruction. I am a competent adult and I assume these risks of my own free will. I have read this waiver and assumption of risk and I understand its terms. I understand that I am giving up substantial rights and I acknowledge that I intend by my signature that this be a complete and unconditional release of all liability to the greatest extent allowed by law.

Your photo may be taken during events. By signing, you grant Broken Arrow Seniors Inc. permission to use your photo for publicity purposes.

\_\_\_\_\_ Print name

\_\_\_\_\_ Signature

\_\_\_\_\_ Staff Member

\_\_\_\_\_ Date signed.