Membership Expiration Date:	Mo / Day / Year *(office use only)*

THE SENIOR CENTER AT CASCADES
MEMBERSHIP FORM
Department of Parks, Recreation and Community Services
Area Agency on Aging
21060 Whitfield Place, Sterling, VA 20165 Ph: 571-258-3280

The minimum age requirement for Senior Programs is 55 years of age. Information provided on this form is used for statistical purposes by the Area Agency on Aging (AAA) and the Virginia Department for the Aging. Membership forms are kept in a secure environment and not shared with any other organization or individual without your consent and serve as a health form for senior day trips.

PLEASE PRINT AND COMPLETE BOTH SIDES OF APPLICATION:

Last Name _____ First Name _____ M.I. _____

Date of Birth: _____/_____/_____ Preferred First Name _____
Month Day Year

Are you a Loudoun County resident? □ Yes □ No
(Membership fee is $32 for resident, $48 for non-residents, checks payable to County of Loudoun)

Mailing Address: _____ Apt #: _____

City: _____County: _____ State: _____ Zip: _____

Email* Address: _____

Telephone: (home) (_____)_____ (work) (_____)_____

(cell) (_____)_____other: _____
**Each member will receive a monthly E-Newsletter. If you do not have an email, an abbreviated paper copy will be mailed to you.*

Emergency Contact Information:

1st Contact Name: _____ Relationship: _____

1st Contact Phone: (home) _____ (work) _____(cell)_____

2nd Contact Name: _____ Relationship: _____

2nd Contact Phone: (home) _____ (work) _____(cell)_____

PLEASE CIRCLE APPROPRIATE RESPONSE:

Annual household income: For family of one: $12,760 or below or $12,760 or above
For family of two: $17,240 or below or $17,240 or above

Family in Home: Yourself Spouse Dependent others _____

Gender: Male or Female

Martial Status: Married Widowed Separated Divorced Single

Race: African American White or Caucasian Native Hawaiian or Pacific Islander Asian
American Indian/Alaskan Native Two or more races combined
Other_____

Ethnicity: Hispanic or Latino Origin or Not Hispanic or Latino Origin

- please complete medical information on back side and sign-

Medical information is requested for your protection when participating in Loudoun County Senior Programs (including meal program). As with all information, we maintain strict rules of confidentiality designed to protect your privacy. This form also serves as your health form for senior day trips.

PLEASE PRINT:

Last Name_____ Preferred First Name _____

Physician's Name: _____ City: _____ State: _____

Physician's Phone: (_____)_____

Overall Health: _____ Excellent _____ Good _____ Fair _____ Poor

All Allergies: _____

_____

All Medical Conditions or Diagnoses: _____

_____

_____

All Current Medications (include over the counter)	Dose and Frequency (mg./x per day)	Reason Prescribed

Communication: _____ English _____ other (specify)_____

_____ cannot communicate _____ hearing impaired _____ sign/gestures

Member Agreement:

I recognize, understand and accept that all activities and transportation provided by the Department of Parks, Recreation and Community Services (PRCS) involve some risk. I understand that Loudoun County PRCS will not be responsible for me when I am traveling to and from an activity via transportation not provided by the County of Loudoun. I give permission for Loudoun County PRCS to use photographs and videos of me for publicity in order to increase community awareness of PRCS programs and in publications and other media without limitation. Also, by signing below, I agree to comply with all center guidelines and any special health guidelines put in place that require my cooperation to reduce the risk of spreading communicable disease.

Signature: _____ Date: _____/_____/_____

You have my permission to allow qualified volunteers, who have agreed to and signed a Loudoun County Confidentiality Agreement, handle this document under the direction and/or supervision of Area Agency on Aging Staff.
Yes _____ No _____ *(If neither yes or no is circled – signature below will imply authorization)*

ADA – Loudoun County Department of Parks, Recreation and Community Services is committed to complying with the Americans with Disabilities Act (ADA). If you need reasonable accommodations in order to participate, call the appropriate Community Center/Program Area at least one week prior to the start of the activity.

Office Use Only

Rectrac h/h # _____ Membership Card # _____ Date: _____ Cash -- Check #_____ – Credit Card