

Carteret County Senior Services

3820 Galantis Drive ~ Morehead City, NC 28557~ 252 / 247-2626

NEW CLIENT REGISTRATION FORM

****IMPORTANT****

Upon completion of this registration form, you will receive a **scan card** and have your **picture** taken. This card entitles you to make use of all activities, programs and services offered by the Leon Mann, Jr. Enrichment Center **except transportation and lunch**.

To qualify for these programs, you **must** meet with a staff member and complete an eligibility form.

Please **DO NOT** sign up for lunch with your card until you have followed these procedures.

Thank You.

DATE:	DATE OF BIRTH: <div style="text-align: center;"> / / <i>Month Day Year</i> </div>	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
LEGAL NAME: (FIRST)	(M.I.)	(LAST)	(SUFFIX)
NICKNAME:		PHONE:	
		(HOME)	(CELL)
RESIDENT INFORMATION:			
<input type="checkbox"/> RESIDE IN CARTERET COUNTY YEAR-ROUND			
<input type="checkbox"/> OWN VACATION PROPERTY IN CARTERET COUNTY			
<input type="checkbox"/> RESIDE IN _____ COUNTY OR _____ STATE			
ADDRESS: (STREET)		(CITY)	(ZIP CODE)
PO BOX (In the same city as your street address only)		EMAIL ADDRESS:	
EMERGENCY CONTACT PERSON (REQUIRED)			
NAME:	RELATION:	DAYTIME PHONE:	
NAME:	RELATION:	DAYTIME PHONE:	
ETHNIC STATUS: <i>(Please check one)</i> <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other		LIVE ALONE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		HEAD OF HOUSEHOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISABILITIES: <i>(Please check all that apply)</i> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Require a caregiver <input type="checkbox"/> Oxygen <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other – be specific:			VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____



Leon Mann Jr. Enrichment Center and Carteret County Aging Services AGREEMENT & RELEASE OF LIABILITY

The Leon Mann Jr. Enrichment Center and Carteret Aging Services seeks to provide a friendly, safe environment that is comfortable and meaningful for participants. For the health and safety of all individuals, participants are asked to follow all guidelines while at the Center or participating in all programs (including off-site), and to remain aware of personal safety and the safety of others.

In consideration of being permitted to use the facilities and participate in the activities and programs of the Leon Mann Jr. Enrichment Center and Carteret County Aging Services, and in consideration of the voluntary nature of such participation and use, I, the undersigned, hereby release, hold harmless, and forever discharge the Enrichment Center, Aging Services and Carteret County, its employees and agents, from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me, while participating in such activity. I further agree to indemnify and hold harmless Leon Mann Jr. Enrichment Center, Carteret County Board of Commissioners, and any of their agents and employees, for any and all claims arising as a result of my engaging in or participating in the activities, programs and facilities, incidental thereto, wherever, whenever, or however the same may occur. This release and hold harmless agreement is binding on myself, my heirs, my assigns, and personal representatives.

I hereby give permission for the staff of the County to seek emergency medical attention to be given for me to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of such medical attention and treatment.

I understand and am aware that strength, flexibility, and aerobic exercise, use of equipment and facilities, and participation in classes and activities are potentially hazardous. I also understand that fitness, group and recreational activities may involve a risk of injury and even death, and that I am voluntarily participating in these activities and/or using equipment and machinery with knowledge of the dangers involved. I understand my own limitations, and agree to expressly assume and accept any and all risks of injury or death.

I understand that doing more group activities and being in close contact with others could increase my chances of contracting viruses and/or infection, including COVID-19, influenza, RSV, stomach and intestinal infections, the common cold, and other illnesses. Leon Mann Jr. Enrichment Center and Carteret County Aging Services cannot guarantee that illness or infection will not occur, and I participate at my own risk.

I agree to permit the Department and its authorized agents to use, re-use, publish, and republish, in any medium, in whole or part, photographs of me individually or group photographs in which I am included.

I wish to voluntarily participate in programs and at facilities of the Leon Mann Jr. Enrichment Center and Carteret County Aging Services, and I will follow all rules/regulations and directions provided by the staff. I understand that I will be disqualified from participation if I fail to comply with said rule. I hereby agree to accept any and all inherent risks of property damage, personal injury, illness or potentially death. **I am legally competent, and understand and accept the terms of this waiver.**

Participant's Name (*printed*):

Signature

Date

Witness

Date