



MANALAPAN SENIOR CENTER

Return to: Manalapan Senior Center, 120 Route 522, Manalapan, NJ 07726
Phone (732) 446-8401 Fax (732) 446-2564
Email – seniorcenter@twp.manalapan.nj.us
www.mtnj.org

ALL ACTIVITIES WILL BE HELD AT MANALAPAN TOWNSHIP COMMUNITY CENTER

ACTIVITY REGISTRATION FORM

NAME

ADDRESS

PHONE **Email**

EMERGENCY CONTACT

NAME

RELATION

PHONE

Submission of this form will not automatically grant you a spot in your preferred activities. Space filled on first come first served basis at the discretion of the Director. You will be notified what sessions you may attend via the email provided on this form.

***NEW MEMBERS MUST ALSO SUBMIT A SENIOR CENTER REGISTRATION FORM**

CHAIR YOGA

Start Date 8/30

Mondays 10:00 am OR Mondays 11:15 am

WAITLIST

WAITLIST

TAI CHI

Start Date 8/31

Tuesdays 9:30 am

WAITLIST

GENTLE CARDIO

Start Date 9/2

Thursdays 9:15 am OR Thursdays 10:30 am

WAITLIST

WAITLIST

STRENGTH TRAINING

Start Date 9/3

Fridays 9:15 am OR Fridays 10:30 am

WAITLIST

WAITLIST

No Classes on the following dates for holiday closures

Sept. 6

Oct. 11

Nov. 2

Nov. 3

Nov. 11

Nov. 25

Nov. 26

Dec. 24

Dec. 31



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ACTIVITY REGISTRATION FORM

Submission of this form does not automatically grant you a spot in your preferred activities. Space will be granted on first come first serve basis at the discretion of the Director. You will be notified what sessions you may attend the week of August 16th.

Start Date
09/02/21

HEALTHY BONES
NEW MEMBERS ONLY
Thursdays 1:30 pm



Healthy Bones is a
24 Week Osteoporosis Prevention, Exercise &
Education Program for Older Adults,
sponsored by Parker Life.

*Please also submit completed "Healthy Bones" Medical Approval & Participation Agreement & Release forms (located on forms tab of website)

*Bingo: **See Bingo Registration form.**

ARE YOU INTERESTED IN ANY OF THE FOLLOWING FUTURE ACTIVITIES :

- Book Club _____
- Guided Art _____
- Knitting/ Crocheting _____
- Mah Jongg _____

COMPUTER INSTRUCTION AND USE AVAILABLE BY APPOINTMENT ONLY

***All supporting forms can be found here** www.mtnj.org
Departments > Senior Center > Forms (on left hand side)

Please submit this and all other completed forms by Monday, August 9, 2021

Any questions please call the center 732-446-8401

Return to: Manalapan Senior Center
120 Route 522
Manalapan, NJ 07726



TOWNSHIP OF MANALAPAN

RELEASE/WAIVER OF LIABILITY

DATE: _____

I understand and agree that my participation in the activity of the Manalapan Township Senior Citizen Center or bus trips sponsored by Manalapan Township listed above will present certain risks and hazards depending on the specific nature of the activity or trip involved.

I understand and agree that my participation in any classes or activities presented under the guidance of the Township of Manalapan Senior Citizen Center is a totally voluntary situation and I assume full responsibility for my participation and agree to hold harmless the instructors and the Township of Manalapan and its employees.

I understand and agree that it is my responsibility to determine the nature of the trip or activity in which I am to participate; the degree and level of physical activity that will be necessary in order for me to participate in said activity.

I am fully aware of the risks, hazards and level of physical activity required to participate in the above listed activity and I hereby represent to the Township of Manalapan Senior Citizen Center or bus trips sponsored by Manalapan Township that I am physically able to fully engage and fully participate in this activity.

I understand and agree that neither the Township of Manalapan nor the Manalapan Township Senior Citizen Center or bus trips sponsored by Manalapan Township requires me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, personal property damage that may be sustained by me, or any loss of damage to property owned by me, as a resolute of being engaged in such activity.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed.

PARTICIPANT SIGNATURE:

DATE: _____

Printed Name

Address

Please submit this and all other completed forms by Monday, August 9, 2021

Any questions please call the center 732-446-8401