



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

2026 MEMBERSHIP REGISTRATION

NAME: _____
(Last) _____ (First) _____

ADDRESS: _____
(City) _____ (Zip Code) _____

EMAIL ADDRESS: _____

HOME PHONE _____ **CELL PHONE** _____

DATE OF BIRTH _____ **MARITAL STATUS** _____
Registration is open to those 60 years of age or older.

RACE	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American	<input type="checkbox"/> Other	Male or Female
IS PRIMARY LANGUAGE ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what Language?							
TRANSPORTATION <input type="checkbox"/> Car <input type="checkbox"/> Public Trans. <input type="checkbox"/> Relative/Friend <input type="checkbox"/> SCAT							
LIVES	<input type="checkbox"/> Alone	<input type="checkbox"/> Spouse	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	NUMBER IN HOUSEHOLD:		
BELOW POVERTY LEVEL <input type="checkbox"/> Yes <input type="checkbox"/> No							
ALLERGIES:							
FRAIL <input type="checkbox"/> Yes or <input type="checkbox"/> No							
PROSTHETIC DEVICES <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Dentures <input type="checkbox"/> Walker/Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Glasses <input type="checkbox"/> None							

EMERGENCY CONTACT INFORMATION

NAME _____ **(RELATIONSHIP)** _____

HOME PHONE _____ **(CELL)** _____

MEMBER SIGNATURE _____ **DATE** _____

TOWNSHIP OF MANALAPAN
RELEASE/WAIVER OF LIABILITY

Please initial classes/activities that you want to participate in DATE: _____

Yoga -(Wait List) Strength Training-(Wait List) Healthy Bones _____ Tai-Chi _____ Zumba Gold _____

Cardio (Wait List) Balance Circuit _____ Book Club _____ Bingo & Social _____ Bus Trips _____

1. 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 and that my photo may be taken during an activity and used on social media platforms.
2. I understand and agree that my participation in any remote online 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.
3. 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.
4. 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.
5. 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