



Hazlet Senior Center – Located at the James J. Cullen Center

1776 Union Ave.,
Post Office Box 371
Hazlet NJ 07730
Phone: (732) 217-8683
Email: dbucciero@hazletnj.org

Membership Registration Form

The Hazlet Senior Center is open to Hazlet residents and non-residents, ages 60+. Two (2) proofs of residency showing your name, address and age are required at the time of registration. There is an annual membership fee to participate in the Hazlet Senior Center, \$0 for Hazlet residents and \$50 for non-residents. *If you have any questions regarding registration or if you need help and want to schedule an appointment to come into the office, please call (732) 217-8683.*

Proof of residency may include - license, bank statement (recent), lease, tax bill, utility bill.

Application for the Hazlet Senior Center

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Today's Date: _____ **Date of Birth:** _____ **Age:** _____

Email: _____ **Home Phone:** _____ **Cell Phone:** _____

Sex: ___ Male ___ Female **Marital Status:** ___ single ___ married ___ divorced ___ widowed

Do you use any of the following: ___ cane ___ walker ___ wheelchair ___ aide

Primary Language English? ___ yes ___ no **If no, what Language?** _____

Transportation: ___ Car ___ Public Trans. ___ Relative/Friend ___ SCAT

Lives: ___ Alone ___ Spouse ___ Relative ___ Other

Allergies: _____

Emergency Contact Information (Must be Filled Out)

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Income: _____ Below \$12,760 _____ Above \$12,760 (This is for grant reporting purposes only.)

How did you hear about us?

From a friend _____ Township website _____ Newsletter _____ Social Media _____

Newspaper _____ Other _____

Signature: _____ **Date:** _____

Office Use:

Proof of Residency Checked by: _____ **Fee Paid:** _____

Barcode/Membership ID #: _____ **Entered into MSC by:** _____

Hazlet Senior Center Release/Waiver of Liability

I hereby waive and release all rights and claims that I, my heirs, executors, and administrators may have now or that may come into existence against the Township of Hazlet, its employees, officials, agents, successors, and assigns because of or in connection with any activity sponsored by the Hazlet Senior Center. I hereby acknowledge that my annual membership fee, or any fee for a program at the Hazlet Senior Center, does not include or entitle myself to payment of medical expenses that may arise out of my participation in any Hazlet Senior Center activity or program. I acknowledge further that I assume responsibility for my medical expenses.

I hereby acknowledge that the Hazlet Senior Center _____ may or _____ may not (check one) use my photograph or likeness in connection with public presentations, advertising, publicity, and promotional efforts relating to the activities and programs at the Hazlet Senior Center.

Refunds are available through the first session of a program or before the day of the trip. All refund requests must be made in writing and are subject to approval by the Director of the Senior Center and the Township Committee in accordance with Township Ordinances.

Print Name (required): _____

Signature (required): _____