



**Renew
Today!**

Please Print all Information
Fairport Harbor Senior Citizens Center
Membership Form for the Year 2027
Membership Dues: Resident/Non-Resident - \$12.00

☐ New Member
☐ Renewal

Personal Information

Name:	
(First)	(M.) (Last)
Address:	
City, State, Zip:	
Telephone:	Cell Phone:
Birthday Date:	Anniversary Date:
Email Address:	
Spouse/Partner:	

Emergency Contact

Name:	Relationship:
Address:	City, State, Zip:
Telephone:	Cell Phone:

Dues Payment

Check No. & Amount:	Cash Amount: \$
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Your Interests:

Any Special Needs:

Participation Waiver and Agreement

Please read and sign

1. I, _____, a participant in activities, including pickleball, programs, and trips sponsored by Fairport Senior Center, do hereby acknowledge that I am voluntarily participating. I recognize that in any activity program or trip, there are certain risks of injury to myself. I declare that my health and physical condition is adequate to meet the physical requirements of activities, programs, and trips in which I participate.
2. I agree to hold the Fairport Senior Center, their respective agents, representatives, instructors, volunteers, and participating companies and agencies harmless and indemnify them from any and all claims for damages to persons and property caused by myself or for any and all injuries sustained by me during my activities, programs and trips.
3. I agree to obey and abide by the rules and regulations of the Fairport Senior Center and to follow said instructions of same.
4. I further acknowledge the I am becoming a registered member of the Fairport Senior Center in reliance upon this waiver of liability.

Signature: _____ Date: _____

Please Print all Information

For office use only: ☐ D/B ☐ Label
☐ Ann ☐ BD