

St. Clair Shores Senior Center Membership and Income and Household Size Survey

Staff Use Only

Today's Date: _____
 Caregiver Required: Yes No
 Staff Member: _____

Funding for the maintenance and operations of the St. Clair Shores Center for Active Adults comes from the Federal Government. The U.S. Department of Housing and Urban Development requires members of the Center to provide their household size, annual household income and race to maintain funding to the Center.

This form is required for membership. If you choose to omit information, membership will not be granted.

1. Last Name:	First:	Date of Birth:
2. Address:	City:	State: Zip:
3. Primary Phone:	2nd Phone:	Email:
4. Emergency Contact:	Phone:	Relationship:
Emergency Contact:	Phone:	Relationship:
5. Marital Status		
<input type="checkbox"/> Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Widowed
<input type="checkbox"/> Live Alone	<input type="checkbox"/> with Spouse	<input type="checkbox"/> with Children
<input type="checkbox"/> Divorced	<input type="checkbox"/> with Other	
6. Circle the number of people who live in your household, including yourself:		
1	2	3
4	5	6
7	8	
7. Please indicate the range of your annual household income (total gross income reported on IRS form 1040) by checking one of the ranges below. Statistical information is required for state and federal funding sources.		
<input type="checkbox"/> Less than \$53,050 a year	<input type="checkbox"/> Less than \$81,850 a year	
<input type="checkbox"/> Less than \$60,600 a year	<input type="checkbox"/> Less than \$87,900 a year	
<input type="checkbox"/> Less than \$68,200 a year	<input type="checkbox"/> Less than \$93,950 a year	
<input type="checkbox"/> Less than \$75,750 a year	<input type="checkbox"/> More than \$100,000 a year	
8. Please check all that apply:		
<input type="checkbox"/> White	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Other		

Penalty for False or Fraudulent Statement: U.S.C. Title 18, § 1001. Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willingly (1) falsifies, conceals or covers up by any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in Section 2331) imprisoned not more than 8 years, or both.

Signature X _____ **Date** _____



St. Clair Shores Senior Activity Center Mission

The purpose of the St. Clair Shores Senior Center for Active Adults is to provide programs, activities, services & educational opportunities that support independence, health & well-being of active senior adults, thereby enhancing overall quality of life.

St. Clair Shores Senior Activity Center Code of Conduct and Facility Rules

1. Members must have a valid, up-to-date membership. Front desk volunteers will ask to see your membership card at each visit. Please have your card handy and sign the attendance sheet.
2. Treat everyone with dignity and respect. The use of abusive, intimidating, threatening or harassing language is not allowed. Fighting, physical, verbal, or emotional abuse; or destroying or damaging property is strictly prohibited. If a situation does not alleviate on its own, please bring concern to staff.
3. In order to protect the life of our facility - carpeting, furnishings, etc., food and beverages are not allowed in the Gathering Room unless authorized by staff. Food and drink are allowed in areas with hard surface/flooring only (i.e. Multipurpose Room, Hardwood floor areas).
4. Please take care of all equipment (i.e., billiards, shuffleboard, etc.). Notify staff of any broken items.
5. Participants are allowed in common areas only. The kitchen, offices, closets, etc. are off-limits without explicit staff permission.
6. Service Animals, as defined by federal and state law, may enter the Senior Center and must be restrained and under the supervision of a companion or owner at all times. Animals must be leashed and may not be left unattended outside of the Senior Center.
7. Smoking is prohibited. If you must smoke, per Michigan law, you must be at least 20 feet from the entrance of the building. Designated receptacles must be used for waste.

Fitness Center Rules

Please bring a change of tennis shoes to wear inside the Fitness Center. For your convenience, there are free shoe cubbies to keep your shoes at the Center as well as lockers for rent. Show your membership card & sign-in for equipment use. There is a time limit of 30 minutes per machine. Please sanitize the equipment used with the sanitizing wipes provided. Wiping down the equipment is required. Please note, we are a scent-free zone.

Facility Rule Acknowledgement

I understand violation of the Senior Activity Center Code of Conduct and Facility Rules may result in disciplinary action, including and up to suspension from all Senior Center activities. For violation of Code of Conduct that protects the safety of participants and staff, immediate suspension from the program may result. Repeated violations may also result in revoking membership. My signature below represents my acknowledgement and understanding.

St. Clair Shores Department of Parks and Recreation Waiver of Liability Senior Fitness Center

Recognizing the normal risks of recreational activities, I agree to participate at my own risk and to abide by all rules and regulations established by the City of St. Clair Shores Parks and Recreation. I, individually release the City of St. Clair Shores, its agents, officers, servants, employees and all other parties involved, from any liability, claims, damages, and actions whatsoever arising out of or related to any loss, damage or injury that may be sustained by myself while participating in activities connected with and sponsored in whole or in part by the department of Parks and Recreation of the City of St. Clair Shores. This also includes a release of liability for loss of or damage to personal property. By the authorization I give permission to any employee, agent or professional of the St. Clair Shores Department of Parks and Recreation to have myself examined and treated by a physician and admitted for hospital care if, in their judgement, such examination, treatment or hospital care becomes necessary while I am participating.

Parks & Recreation may take photos to be used for public relations purposes. Will you allow us to use your photo for these purposes?

Circle One: **Yes** **No**

Signature X _____ **Date** _____