



MEMBERSHIP FORM

MEMBER LAST NAME

[Redacted input field]

First Name

Last Name

Middle Initial

[Redacted input field]

Home Phone

Cell Phone

[Redacted input field]

Birthdate (MM/DD/YYYY)

[Redacted input field]

Email

Male Female Non-Binary

[Redacted input field]

Street Address

[Redacted input field]

City

State

Zip

Are you a Veteran? Yes No

[Redacted input field]

Emergency Contact: First and Last Name

Relationship

Phone Number

[Redacted input field]

Doctor's Name

Phone Number

MEMBER FIRST NAME

MEMBERSHIP

Membership requires an annual non-refundable fee and runs from 12 consecutive months from date of registration.

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Non-Refundable & Non-Transferable: Memberships at the SVC are non-refundable and non-transferable to others. VOAWW does not pro-rate memberships or provide refunds for leaves of absence during the 12-month membership period. Suspension of membership due to Code of Conduct violations will not result in a refund.

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MEMBERSHIP FINANCIAL ASSISTANCE

VOA raises funds to ensure that everyone has access to membership.

Interested in financial assistance? The process will be discreet and confidential.

Yes

GIVE THE GIFT OF MEMBERSHIP

Would you like to contribute to the Sky Valley Center in order to provide financial assistance so that others can become members?

INITIALS

Donate Regular Membership: Yes Donate Other Amount: (Please list): _____



All medical information will be kept confidential by the Sky Valley Center staff and emergency medical personnel.

MEDICAL HISTORY

Please list any Medical Conditions for which you have received, or are receiving treatment for.

- | | | |
|---------------------------|---------------------------|-------------------------------------|
| _____ Alzheimer's | _____ Epilepsy | _____ Heart Disease |
| _____ Asthma/Lung Disease | _____ High Blood Pressure | _____ Bypass Operation |
| _____ Dementia | _____ Heart Attack | _____ Stroke |
| _____ Diabetes | _____ Head Injury | _____ Other (Please specify): _____ |

DAILY MEDICATION(S) & DOSAGE

ALLERGIES

Agreement & Release Of Liability

The Sky Valley Center offers a variety of physical activities, which may include but are not limited to group exercise classes, walking group, table tennis, and others. By signing below a participant attests that they are capable of determining their ability to participate in the activity. The Sky Valley Center has not and will not render any medical advice regarding their physical condition. Participants are aware that participation may result in accident or injury, and assume all risk related to their participation in the activity.

Participants release and hold harmless Volunteers of America Western Washington (VOAWW) and all officers, employees, assigns, and agents from all claims (including personal injury claims) arising from or relating to their participation in the activities at the Sky Valley Center.

Participants give their permission for the staff to call and text the number(s) they have provided regarding information and updates about the Sky Valley Center, and give their permission for VOAWW to use any photograph and video taken of them at the Sky Valley Center for promotion and publication purposes.

By signing below, I agree and affirm the foregoing Release of Liability. I understand that the membership fee is non-refundable, and I agree to abide by the Sky Valley Center Code of Conduct.

Printed Name
(Parent/Guardian to complete if Member is younger than 18 years old)

Date

Signature

STAFF TO COMPLETE

Date Processed: _____

Initial:

Payment Processed (List amount):

- _____ Key Fob provided?
- _____ Member Handbook provided?
- _____ Financial Assistance Information Provided (if applicable)

Membership: _____
Donation: _____
TOTAL: _____

FA? Copy to SVC Manager

Donation? Copy to Executive Director