



91 TAYLOR AVE
EAST HAVEN, CT 06512

WELCOME TO THE EAST HAVEN SENIOR CENTER

Welcome to the East Haven Senior Center!

The mission of the East Haven Senior Center is to provide a welcoming place for members to gather and meet old friends and make new ones, have a great experience, practice healthy aging, learn about services and benefits to ensure a community of happy, healthy, and safe adults age 55+.

Programs and services include daily free fitness classes, wellness classes, educational classes, health screenings, bingo, socializing, shopping, special events, a daily lunch program, rental rebate applications, energy assistance applications, and much more.

The Senior Center publishes a monthly newsletter that lists all the programs offered along with the menu for our daily lunch program. This information is also available at the Senior Center and on the Town of East Haven's website, www.easthaven-ct.gov.

To become a member please complete the attached Senior Center Disclaimer and medical history form and return it to us at the senior center. If you have any questions, please do not hesitate to call us at **203-468-3277**.

We look forward to having you join us.

Bob Petrucelli, MPA
Senior Center Director

Regina Araujo
Administrative Assistant



EAST HAVEN SENIOR CENTER DISCLAIMER

The East Haven Senior Center reserves the right to photograph any facility, activity, and program participants at all department sponsored events for potential future use. All photos will remain at the property of the Town of East Haven and East Haven Senior Center, and may be used in future program guides, brochures, pamphlets, or news releases for promotional purposes or in recognition of department sponsored events. Photos may be used for up to 10 years after the picture was taken. If you do not wish to have your picture taken, please notify a member of the staff prior to the event.

In consideration of my participation in activities conducted and/or sponsored by the Town of East Haven and East Haven Senior Center, I acknowledge that such activities are, or may be potentially hazardous and pose a risk of injuries that can be significant and that I assume such risks.

I understand that as with any physical activity there is a possible risk of accidental injury to me/my child that could result from collisions between people, or with floors, walls, fences, and/or other equipment. I understand that physical injury could occur even without impact or collision. I understand that there exists an assumption of risk inherent in participating in the activity including but not limited to injuries or damage arising from the negligence or carelessness of other participants, referees, spectators, and other on the premises. I understand that I should not start or participate in any program or physical activity without first consulting with my physicians and/or having a physical check-up.

I agree to release and to hold harmless and to waive any claims that might arise against the Town of East Haven Senior Center, and their officials, representatives, agents and employees on account of any and all injuries and claims of injury to person(s) while participating in and/or from said activities.

If I am injured, or my child is injured, appropriate medical attention should be sought immediately, and all doctor's orders regarding medical treatment, and future participation should be followed. I agree to promptly report and injury to EH Senior Center at (203) 468-3277. I understand that EH Senior Center will make reasonable efforts to provide a safe facility.

By my signature, I agree to the provisions of paragraph above:

Signature

Date

Printed Name: _____



EAST HAVEN SENIOR CENTER
MEDICAL HISTORY

Today's Date ____/____/____

Name: _____ D.O.B. ____/____/____

Address: _____

Phone(s): () _____ - _____ Cell: () _____ - _____

Email: _____

Single: ____ Married: ____ Divorced: ____ Widow: ____

Next of Kin Name _____ Relationship _____

Next of Kin Phone: () _____ - _____

Primary Doctor Name: _____

Primary Doctor Address: _____

Primary Doctor Phone: () _____ - _____

Preferred Hospital: _____

Medications:

Dosage:

Brief Medical History: _____

If you have any changes in Medications or Medical History, Please Inform the Senior Center in writing or by telephone: (203) 468-3277 All Information will be kept in strict confidence and used only for emergency Purposes.