



# LONG BRANCH SENIOR CENTER

85 Second Avenue  
Long Branch, NJ 07740  
732-571-6542

## MEMBERSHIP REGISTRATION FORM

Name: \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Veteran Status: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Gender Identity: ☐ Male ☐ Female ☐ Other

Address: \_\_\_\_\_

Apt. # \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Marital Status:**

☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Significant Other

Spouse's/Significant Other's Name (If Applicable): \_\_\_\_\_

**Racial Background:**

☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other  
☐ White, non-Hispanic ☐ White-Hispanic Pacific Islander

Do you have any medical conditions? (if yes, please specify) \_\_\_\_\_

Do you need any special assistance or equipment? (if yes, please specify) \_\_\_\_\_

**In case of Emergency:**

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

(continued on back)

Member  
Photo

**Employment:**  
☐ Retired      ☐ Working (F/T)      ☐ Working (P/T)      ☐ Disabled

**Former Occupation:** \_\_\_\_\_

**Do you have any special interests or hobbies? (if yes, please specify)** \_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**If from a friend (Name)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

<b><u>Office Use Only:</u></b>	
<input type="checkbox"/> New _____	Notes: _____ _____
<input type="checkbox"/> Re-Registration _____	_____ _____
Member since: _____	_____



CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N.J. 07740 (732) 222-7000

**LONG BRANCH DEPARTMENT OF SENIOR AFFAIRS & SENIOR CENTER**

85 Second Avenue  
Long Branch, NJ 07740  
(732) 571-6542

**MEDICAL RELEASE FORM**

I, \_\_\_\_\_, hereby waive, release and agree to hold harmless the City of Long Branch, its employees, contractors, associates, departments, or other entities or individuals representing the same with regard to any injury I may suffer, as a result of participating in any of the Physical Fitness and/or Dance related Programs listed below. I am aware that it is my responsibility to check with my Doctor before beginning any of the following types of activities, all of which require some form of physical exertion.

**Physical Fitness/Dance Classes include, but are not limited to:**

**Chair Yoga**

**Mix It Up!**

**Line Dancing**

**Zumba Gold**

*By signing and dating this document, I acknowledge that I have read and understood the above information.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Revised: May 2025



recycled paper



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## Department of Senior Affairs and Senior Center

85 Second Avenue  
Long Branch, NJ 07740

### Photo Release Form

I hereby grant the Department of Senior Affairs and Senior Center permission to use my likeness in a photograph in any and all of its publications, including Facebook, without payment or any other consideration.

I understand and agree that these materials will become the property of the Department of Senior Affairs and Senior Center and will not be returned.

I hereby irrevocably authorize the Department of Senior Affairs and Senior Center to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Department of Senior Affairs and Senior Center's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Department of Senior Affairs and Senior Center from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Please check one:

- ☐ I give the Department of Senior Affairs and Senior Center permission to use my likeness in a photograph for any publication.
- ☐ I do not give the Department of Senior Affairs and Senior Center permission to use my likeness in a photograph for any publication.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

