

FY2024 CHARLES COUNTY DEPARTMENT OF COMMUNITY SERVICES FY2024**Aging and Senior Programs Division**

Registration Period October 1, 2023 through September 30, 2024

This is required for all who attend or use Senior Centers. Please read and sign the back.**NAME:** _____ **DATE OF BIRTH:** _____ - _____ - _____**Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

Please circle the best number to reach you at.

EMAIL Address: _____**HOME Address:** _____

Street

Apt #

City

Zip

MAILING Address: _____

Street

Apt#

City

Zip

EMERGENCY CONTACT NAME _____

(RELATIONSHIP)

Emergency (Home) _____ **(Cell)** _____ **(Work)** _____**Senior center activities are reserved for Charles County residents who are at least 60 years of age and their spouses.**

1. Do you currently live or own property in Charles County? Yes or No 2. What is your current age? ____
3. Which Senior Center do you attend the most? Clark Indian Head Nanjemoy Waldorf

In order to report requested statistics to the state and federal government, please provide the following confidential information; however, completion is not required to receive services or attend a senior center.

SOCIAL SECURITY # (optional): _____

(For identification purposes only)

RACE (check all that apply)

_____ White
_____ African American
_____ Native American/Alaskan
_____ Asian/Asian American
_____ Native Hawaiian/Pacific Islander

GENDER

_____ Female
_____ Male
_____ Other

NUMBER IN HOUSEHOLD _____**MILITARY SERVICE?** Yes or No**LIVING ARRANGEMENT**

_____ Alone
_____ With Others

MONTHLY INCOME

_____ Below \$1,215/month for Individual
_____ Below \$1,643/month for Couple
_____ Income higher than above levels

CHECK ONE

_____ Hispanic
_____ Non-Hispanic

MARITAL STATUS

_____ Divorced
_____ Married
_____ Single
_____ Widowed

**CHARLES COUNTY DEPARTMENT OF COMMUNITY SERVICES
AGING & SENIOR PROGRAMS DIVISION**

FY2024 WAIVER AND RELEASE

I volunteer to participate in physical fitness classes, programs, activities, and/or trips sponsored by the Charles County Department of Community Services (DCS), upon understanding/conditions that:

I acknowledge that there are always certain risks involved in physical fitness programs. I understand those risks, declare myself physically healthy, and have medical approval to participate in these programs.

I recognize the risks of illness and injury inherent in physical fitness programs and am participating in the DCS classes, programs, activities, and/or trips with the express agreement and understanding that I am hereby waiving and releasing the Charles County Government, its officers, directors, employees, and agents from any and all claims, costs, liabilities, expenses, and judgments, including attorney's fees and court costs (herein collectively "claims") arising out of my participation in the aforesaid activities or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Charles County Government, its officers, directors, employees, and agents from and against all claims.

I also authorize the Charles County Government to take photographs of me for promotional and/or educational purposes.

I hereby execute this Waiver, Consent and Release Form and induce the DCS to permit me to participate in its physical fitness classes, programs, activities, and/or trips.

INFORMED CONSENT

The information provided on this form will be used to (1) help improve programs for seniors, or (2) find out if you qualify for a program. The Department of Community Services (DCS) may share this information with the Maryland Department of Aging (MDoA) as necessary to prepare local, state and federal reports as required to secure funding for senior programs.

The DCS, MDoA and their contractors will not voluntarily share any facts that identify you with anyone except people working for them who need the facts to perform their jobs. Facts that identify you include your name, social security number, address, and telephone number.

You may refuse to provide any or all of the information requested on this form. However, if a program is only for people who meet certain qualifications (such as age, income or health condition) and you do not share the facts that show you qualify, then you will not be able to take part in that program. Department of Community Services Aging Staff can tell you exactly which facts are needed to show you qualify for a program.

You may look at a record that identifies you. You may do this to make sure the facts are right. To look at such a record, you must write to Charles County Department of Community Services at 8190 Port Tobacco Road, Port Tobacco, MD 20677, or at MDoA's office at 301 West Preston Street, Suite 1007, Baltimore, MD 21201. DCS and MDoA will allow you to inspect your personal information as soon as possible, but no later than 30 days from the date of your request. You must provide proof of your identity at the time of your inspection.

INFORMED CONSENT

In the event of a widespread community emergency or natural disaster, I give DCS permission to share my personal information with First Responders/Emergency Services personnel to assist them in the performance of disaster prevention, evacuation, or rescue/recovery duties.

PRINTED Name of Participant

Participant Signature

Today's Date