



**Mt. Pleasant Recreation Department
Mt. Pleasant Senior Center
MEMBERSHIP REGISTRATION**

New Member _____ CHARLESTON CO. RESIDENT (\$72) _____
 Renewal _____ NON-RESIDENT (\$100) _____

Member Information: (Please Print)		Date of Birth _____
First Name _____	MI _____	Last Name _____
Gender: Male _____	Female _____	
Address _____	County _____	
City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	
Cell Phone _____	E-mail _____	

Emergency Information	
Emergency Contact: Name _____	Relationship to Member _____
	Telephone: _____
Please list any special needs: _____	
Please list any relevant medical information (allergies, medications, etc.) Use back of page if necessary: _____	

Would you be interested in volunteer work at the Senior Center? Yes _____ No _____
Previous Occupation: _____
Interests: _____

WAIVER: In consideration of your accepting my entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against the Mt. Pleasant Recreation Dept. and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for myself during the duration of my participation and specified activities with this Department. I do hereby certify all the above information to be correct and true.

Signature _____ **Date** _____

Please return this form along with your registration fee to:

Mt. Pleasant Senior Center
 840 Von Kolnitz Road
 Mt. Pleasant, SC 29464

Telephone: (843) 856-2166
 Fax: (843) 856-1241

www.townofmountpleasant.com

MPRD/Sr. Ctr (9/2008)

For Office Use Only:	Fee: _____	Discount: _____	Date: _____	Activity No. _____
Paid: Amount-Cash \$ _____	Check \$ _____	Visa/MC \$ _____	Receipt # _____	Received by: _____