

Type of Payment: \_\_\_\_\_



**City of Cupertino**  
**Recreation and Community Services Department**  
Creating a Positive, Healthy, and Connected Community

**New Member Application**

FOR OFFICE USE

**2017**

Annual Membership Fee: \$28.00  
Cupertino Resident Fee: \$23.00

Member # \_\_\_\_\_

Last Name 姓: \_\_\_\_\_ First Name 名: \_\_\_\_\_ Birthday 生日: \_\_\_\_\_

Address 地址: \_\_\_\_\_ City 城市: \_\_\_\_\_ Zip 郵區代號: \_\_\_\_\_

Phone (home) 電話: \_\_\_\_\_ (cell) 手機: \_\_\_\_\_ (work) \_\_\_\_\_

Email Address: \_\_\_\_\_ Male 男  Female 女

**Acknowledgement of Receipt of Parking Permit 我收到了停車證**

\_\_\_\_\_ Member Initials 請簽姓名起手字母

\_\_\_\_\_ Volunteer Initials

**City of Cupertino ~ Release and Assumption of Risk Management**

I understand that my participation in the event or class exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this event or class and I agree to assume such risks, including risk of personal injury, death, or damage to property. In consideration of acceptance of my application to participate in the event or class for which I am participating, I hereby RELEASE, DISCHARGE, AND AGREE NOT TO SUE, the City of Cupertino, the Cupertino Union School District, the Cupertino Public Facilities Corporation, the County of Santa Clara, the Fremont Union High School District, or any of their employees, contractors, volunteers, or agents ("collectively, City") to the fullest extent legally possible from any injury, death, or damage or loss to personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of City or any other participants in the event or class. I understand that City does not guarantee the construction, condition, or safety of the facilities where the event or class is taking place.

In consideration for being permitted to participate in the event or class, I hereby agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify, defend and hold harmless City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event or class. I further allow my photograph to be taken and used for City purposes without compensation. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
**Signature of Participant 會員簽名**

\_\_\_\_\_  
**Date 日期**

**(Please complete information on other side)**

**Emergency Contact 緊急聯絡人:** \_\_\_\_\_

**Phone 電話** \_\_\_\_\_

**Alternate Phone** \_\_\_\_\_

**HEALTH INFORMATION**

**Having your health history information on file may help you receive fast, accurate care in case of an emergency.**

Doctor or Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

• Any medication (s) that must be administered in case of emergency?  No  Yes What? \_\_\_\_\_

• Do you carry it on your person?  No  Yes Where? \_\_\_\_\_

• Food and medical allergies? Please list: \_\_\_\_\_

\_\_\_\_\_

• Health issues: \_\_\_\_\_

\_\_\_\_\_

• Medications: \_\_\_\_\_

\_\_\_\_\_

• Special Accommodations: \_\_\_\_\_

**ACTIVE SENIOR NEWS PUBLICATION 耆英通訊 雙月刊**

**Please send my newsletter by:**

US MAIL Only 郵寄到家

EMAIL Only 電子郵寄 Email address 電子郵寄地址: \_\_\_\_\_

BOTH EMAIL and US MAIL 郵寄和上網- Email address 電子郵寄地址: \_\_\_\_\_

NO NEWSLETTER 不要耆英通訊 雙月刊 (Office use only: Code )

**Cupertino Senior Center**  
**21251 Stevens Creek Blvd, Cupertino, CA 95014**  
**Phone: (408) 777-3150 Fax: (408) 777-3156**  
**www.cupertino.org/senior**