

Membership  
Expiration Date:  
Mo / Day / Year  
(office use only)

**THE SENIOR CENTER AT CASCADES  
MEMBERSHIP FORM**  
Department of Parks, Recreation and Community Services  
Area Agency on Aging  
21060 Whitfield Place, Sterling, VA 20165 Ph: 571-258-3280

The minimum age requirement for Senior Programs is 55 years of age. Information provided on this form is used for statistical purposes by the Area Agency on Aging (AAA) and the Virginia Department for the Aging. Membership forms are kept in a secure environment and not shared with any other organization or individual without your consent and serve as a health form for senior day trips.

**PLEASE PRINT AND COMPLETE BOTH SIDES OF APPLICATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred First Name \_\_\_\_\_  
Month Day Year

Are you a Loudoun County resident?  Yes  No  
(Membership fee is \$28 for residents and \$42 for non-residents, checks payable to County of Loudoun)

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Telephone: (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_  
(cell) (\_\_\_\_) \_\_\_\_\_ other: \_\_\_\_\_

How do you prefer to receive your monthly newsletter?  Paper  Email

**Emergency Contact Information:**

1st Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

1st Contact Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2nd Contact Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**PLEASE CIRCLE APPROPRIATE RESPONSE:**

Annual household income: For family of one: \$12,140 or below or \$12,141 or above  
For family of two: \$16,460 or below or \$16,461 or above

Family in Home: Yourself Spouse Dependent others \_\_\_\_\_

Gender: Male or Female

Marital Status: Married Widowed Separated Divorced Single

Race: African American White or Caucasian Native Hawaiian or Pacific Islander Asian  
American Indian/Alaskan Native Two or more races combined  
Other \_\_\_\_\_

Ethnicity: Hispanic or Latino Origin or Not Hispanic or Latino Origin

**- please complete medical information on back side and sign-**

**Medical information is requested for your protection when participating in Loudoun County Senior Programs (including meal program). As with all information, we maintain strict rules of confidentiality designed to protect your privacy. This form also serves as your health form for senior day trips.**

**PLEASE PRINT:**

Last Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Physician's Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Physician's Phone: (\_\_\_\_\_) \_\_\_\_\_

Overall Health: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

All Allergies: \_\_\_\_\_

All Medical Conditions or Diagnoses: \_\_\_\_\_

All Current Medications (include over the counter)	Dose and Frequency (mg./x per day)	Reason Prescribed

Communication: \_\_\_\_\_ English \_\_\_\_\_ other (specify) \_\_\_\_\_

\_\_\_\_\_ cannot communicate \_\_\_\_\_ hearing impaired \_\_\_\_\_ sign/gestures

Member Agreement:

*I recognize that all activities, classes, trips and transportation provided by the Department of Parks, Recreation and Community Services (PRCS) involve some risk and, by registering for a specific activity, I am representing that I understand possible risks involved with this type of activity. Furthermore, I understand that Loudoun County PRCS will not be responsible for me when I am traveling to and from an activity via transportation not provided by the County of Loudoun. Also, by signing below, I give permission for Loudoun County PRCS to use photographs and videos of me for publicity in order to increase community awareness of PRCS programs and in publications and other media without limitation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

You have my permission to allow qualified volunteers, who have agreed to and signed a Loudoun County Confidentiality Agreement, handle this document under the direction and/or supervision of Area Agency on Aging Staff.

Yes \_\_\_\_\_ No \_\_\_\_\_ (If neither yes or no is circled – signature below will imply authorization)

ADA – Loudoun County Department of Parks, Recreation and Community Services is committed to complying with the Americans with Disabilities Act (ADA). If you need reasonable accommodations in order to participate, call the appropriate Community Center/Program Area at least one week prior to the start of the activity.

**Office Use Only**  
 Rectrac h/h # \_\_\_\_\_ Membership Card # \_\_\_\_\_ Date: \_\_\_\_\_ Cash -- Check # \_\_\_\_\_ – Credit Card