



Glastonbury Senior Center Participant Contact Form

Any information obtained on this form will be for Glastonbury Senior Services sole use and will be kept in confidence. By providing an emergency contact you are granting permission to the staff of the Senior Services Department to contact them in the case of an emergency.

Name: _____ Date of birth: _____
Please Print

Address: _____ City/Town: _____

Phone #: _____ Cell #: _____

Email address: _____

Emergency Contact Information:

Name: _____

Relationship to Participant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Waiver: Being of full age and in consideration of my participation in activities at the Glastonbury Senior Center, I do hereby release and forever discharge the Town of Glastonbury, their agents and employees, their representatives, successors, and assignees from all claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever resulting or which may result from participation in these programs.

Signature: _____ Date: _____

Please return completed form to the front office at 300 Welles Street, Glastonbury, CT 06033.
Or email: nicole.mercer@glastonbury-ct.gov