



Maria Reiner Center
"LIVING LIFE TO THE FULLEST"

MRC Use Only:
Member # _____ Date _____

2024 MRC MEMBERSHIP APPLICATION
(for those that are 55 years +)

1. GENERAL INFORMATION: (PLEASE PRINT) NEW: _____ RENEWAL: _____

NAME First _____ Middle Initial _____ Last _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ SEX: M / F VETERAN? Y / N If yes, Branch: _____

PHONE # _____ EMAIL: _____

LIVING ARRANGEMENTS (please circle one): Alone Spouse Family Supervised Living Other

2. EMERGENCY CONTACT INFORMATION:

a. PRIMARY CONTACT NAME: _____ TEL: _____

RELATIONSHIP: _____

b. SECONDARY CONTACT NAME: _____ TEL: _____

RELATIONSHIP: _____

3. MEDICAL ISSUES THE MRC STAFF SHOULD KNOW ABOUT?

Members are encouraged to inform the Director of any safety concerns, medical conditions, disabilities, food allergies or any other matters that may require special consideration while on the premises.

4. ARE YOU INTERESTED IN BECOMING A VOLUNTEER AT THE MRC?:

(PLEASE CIRCLE) YES NO ALREADY DO

2023 ANNUAL DUES PAYMENT (expires 12/31/24)

\$30 Hobart Resident and \$50 Non-Hobart Resident

WRITE CHECK PAYABLE TO: "City of Hobart"

Reception Initials:

Signature

Date

TURN OVER



2024 Member
Program/Class Participation Enrollment Form

I _____, a member of the Maria Reiner Center, do hereby wish to engage in using the fitness room or exercise classes, such as, but not limited to; Pickleball, Tai Chi, Stretching, Walking, Yoga and Zumba. I understand that there may be a certain level of risk involved in any exercise program and that I am in good enough health to participate in such programs/classes. I further understand that it is my responsibility to check with my physician to make sure that I am in good health and capable of participating in the programs/classes offered. I agree to participate in the program/class with the utmost respect and cooperation with the MRC, the instructors and the other members.

I also agree to make the MRC and it's volunteer instructors, staff and employees aware of any CHANGES IN MY HEALTH that would keep me from participating in ANY exercise programs and/or classes.

I realize that all of the classes offered at the Maria Reiner Center are presented free of charge to the members and AUTHORIZED GUESTS and are instructed by dedicated volunteers. I hereby indemnify, release and hold harmless the Maria Reiner Center, it's volunteer instructors, employees, agents, members and authorized guests, as well as the City of Hobart and it's officials from all responsibilities and all claims of injuries that I may receive while participating or engaging in ALL classes and or programs at the Maria Reiner Center, including the Police, Court and Community Center Facility.

DO NOT SIGN BEFORE READING

The undersigned agree to all of the terms and conditions as set forth above.

Members Signature: _____