



TOWNSHIP OF MAHWAH

The Mahwah Senior Center
Health, Wellness and
Aging Wisely!

475 Corporate Drive
P.O. Box 733
Mahwah, NJ 07430

Kendall Poland
Senior Center Coordinator
KPoland@mahwahtwp.org
(201) 529-5757 Ext. 277

Alicia "Ali" Duroy, CTRS, CDP
Director of Senior &
Human Services
aduroy@mahwahtwp.org
(201) 529-5757 Ext. 213

Please complete application
and return by email, mail or
drop off by the office.

Thank you and welcome!

Mahwah Senior Activity Center

Personal Consent Form

I, the undersigned, consent to participate in the Fitness Program offered by the Mahwah Senior Activity Center.

I understand that the program will include exercise designed to provide the following benefits: flexibility, strength and cardiovascular fitness. I have been advised, that I should seek medical advice from my private physician before starting any exercise program.

I enter the program with the hope that I can achieve these benefits. However, I acknowledge that no guarantees or assurances of achievement have been made. This is a program of graduated exercise. I have been told that I should stop exercising if symptoms such as fatigue, dizziness, shortness of breath, or chest discomfort appear and that I should notify the instructor. I consent to the administration or any emergency first-aid measures deemed advisable by the instructor or emergency medical personnel who may be called to the scene.

I hereby agree to and do fully release The Township of Mahwah, it's agents and employees from any and all medical and legal liability or responsibility that may arise, directly or indirectly, from or through my participation in the program,

THE TOWNSHIP OF MAHWAH, 475 Corporate Drive

Signature

Date

ENROLLMENT FORM
MAHWAH SENIOR ACTIVITY CENTER
475 CORPORATE DRIVE, MAHWAH, N.J. 07430
201-529-5757 x 277, 213

.....
APPLICANT MUST BE 62 YEARS OF AGE & SHOW PROOF OF RESIDENCY OF MAHWAH
.....

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME _____

ADDRESS: _____

DATE OF BIRTH: _____

HOME PHONE # _____ CELL: _____

E-MAIL: _____

CONTACT IN CASE OF EMERGENCY

NAME: _____

HOME PHONE: _____ CELL: _____

WORK: _____

DOCTORS INFO

NAME: _____

PHONE #: _____

HOSPITAL: _____

PLEASE STATE ANY EXISTING HEALTH CONDITIONS WHICH MAY AFFECT YOUR PARTICIPATION:

YOUR SPECIAL INTERESTS:

Photography Consent Release Form



Mahwah Senior Center

I, _____

Name (Please Print)

Do hereby grant permission to the Mahwah Township Senior Center and its employees or representatives, to take and use photographs, videos and/or digital images of me for use in promotional materials pertinent to the Senior Center as follows:

- In printed publications or materials
- In electronic publications or presentations
- On the Mahwah Township website (www.mahwahtwp.org)
- Social Media related to the Township (**no personal social media**)

Please check one:

I agree that my identity may be revealed. _____

I do not agree that my identity may be revealed. _____

I do not wish to be photographed, videotaped, etc. at this time. _____

Name (Please Print)

Signature

Date