

WELCOME!

Attached you will find the membership forms to all Howard County 50+ Centers.

- Registration Form
- Waiver
- Privacy Notice

Please complete and return the signed Registration and Waiver to the 50+ Center for processing, keep the Privacy Notice for your records.

Once you have filled out and turned in the forms, you are eligible to register for activities and programs at your local Center and online at <http://apm.activecommunities.com/howardcounty>.

If you have any questions, please contact any of the 50+ Centers.

Bain 50+ Center

5470 Ruth Keeton Way
Columbia, MD 21044
410-313-7213

Glenwood 50+ Center

2400 Route 97
Cooksville, MD 21723
410-313-5440

East Columbia 50+ Center

6600 Cradlerock Way
Columbia, MD 21045
410-313-7680

Longwood 50+ Center

6150 Foreland Garth
Columbia, MD 21045
410-313-7217

Elkridge 50+ Center

6540 Washington Blvd
Elkridge, MD 21075.
410-313-5192

North Laurel 50 + Center

9411 Whiskey Bottom Road
Laurel, MD 20723
410-313-0380

Ellicott City 50+ Center

9401 Frederick Road
Ellicott City, MD 21042
410-313-1400

50+CENTER REGISTRATION FORM

Office use only
AIM ID: _____

Date of Birth: _____/_____/_____ Last Name: _____ First Name: _____

Middle Name (or Known As): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Yes! Please email me the latest news and information.

Street Address: _____

City: _____ State: _____ Zip: _____

Race: (Check all that apply)

- White
- African American
- American Indian/Alaskan
- Asian
- Hawaiian/Pacific Islander
- 2 or more Races
- Other

Ethnicity: (Check one)

- Hispanic
- Non-Hispanic

Gender: (Check one)

- Female
- Male
- Decline, prefer not to answer

**Living Arrangement:
(Please check)**

Do you live alone?

- Yes No

Income: (Check one)

- Single, Below \$1040/month
- Single, Above \$1040/month
- Married, Below \$1409/month
- Married, Above \$1409/month
- Refuse to answer



PRIVACY NOTICE

Why does the Howard County Office on Aging and Independence ask for my personal information?

The information is used:

1. To register you for membership in 50+ Centers and programs
2. To determine if you qualify for other programs or services

Aggregate information about persons we serve is reported to the Maryland Department of Aging (“MDOA”)

Your Privacy is Important

Howard County Government and MDOA will not voluntarily share any facts that identify you with any third party. Facts that identify you include your name, address, telephone number, gender, email address and date of birth.

You may refuse to provide some or all information requested. However, please note that ongoing federal and state funding granted to the Office on Aging and Independence is dependent upon the Office on Aging and Independence providing aggregate information about individuals we serve including, but not limited to, race, ethnicity, income, age, gender, and marital status. Also, if a program is available to individuals who meet its qualifications (such as age or income) and you do not share the facts that demonstrate that you qualify, then you may not be able to participate in that program. Howard County Office on Aging and Independence staff are available to discuss qualifying criteria.

You have the right to look at the record that identifies you. To view your information, make a request in writing to:

Administrator
Howard County Office on Aging and Independence
9830 Patuxent Woods Drive
Columbia, MD 21046

or

Maryland Department of Aging
301 West Preston Street, Suite 1007
Baltimore, MD 21201



OFFICE ON AGING AND INDEPENDENCE WAIVER & RELEASE FORM

Name: _____ Age: _____

Address: _____

Telephone: _____ Email: _____

Person to Notify in Case of Emergency:

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Other: _____

I understand that the activity for which I have registered may present certain inherent risks and hazards that I, as a participant, am willing to assume. Due to the strenuous nature of certain activities, I understand that I am encouraged to consult the instructor to learn about the particular activity and then to consult my physician concerning my fitness to participate. If applicable, I have obtained from my physician the medical clearance to use the equipment and/or start an exercise program. Howard County, Maryland ("the County") and the Office on Aging and Independence ("the Office") reserve the right to deny participation to me at any time based on health or safety considerations or to require certification from a physician before my participation.

In consideration of my participation in any of the activities or programs conducted by the Office, I hereby waive all claims and release the County, the Office, and their respective officials, employees, agents, and volunteers from all liability for damage or injury of any kind that may arise, directly or indirectly, from my participation. I also will follow the rules and regulations set by the County or the Office. This waiver and release of liability includes, without limitation, all injuries that may occur as a result of: (a) my use of all amenities and equipment and my participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment and (c) our instruction, training, and supervision.

I do hereby grant to the County and the Office the right to use my image or likeness in any photo, digital image, or video/audio recording, taken or made on behalf of the County or the Office in conjunction with their advertising, publicity, promotion, or training.

(Please initial): Yes ___ No ___

Signature: _____ Date: _____

Print Name: _____

I hereby acknowledge I received a copy of the Privacy Notice:

Signature: _____ Date: _____