



Orange County Senior Centers Registration Form

希摩老人中心会员登记表

PLEASE PRINT

Name 姓名拼音: _____ Birth Date 生日: _____ Today's Date 填表日期: _____
(Last 姓), (First 名)

Address: _____ Gender: M F Non-binary
家庭住址 (Street 街道门牌) (City 城市) (State 州) (Zip 邮编) 性别: 男 女 非二元性别

Phone 联系电话: _____ *Cell phone *手机号码: _____ Email 电邮: _____

County of Residence: 居住地所在: _____

Optional Information 选填信息- Ethnicity (check all that apply) 您的族裔是 (可多选): Alaska Native/American _____

Indian 阿拉斯加和美洲原住民: Asian 亚裔 _____; Black/African-American 非裔 _____; Hispanic/Latino 西裔 _____; Native

Hawaiian/Pacific Islander 夏威夷及太平洋岛民 _____; White-Caucasian/Non-Hispanic 非西裔白人 _____;

Other 其他 _____.

US Veteran 美国老兵: Yes 是 _____; No 不是 _____. Branch 附属部队: Air Force 空军 _____; Army 陆军 _____;

Coast Guard 海岸警卫队 _____; Marines 海军陆战队 _____; Navy 海军 _____.

Emergency Contact Information 紧急联系人:

1) Name 姓名 _____ Best Contact Number 联系电话 _____

2) Name 姓名 _____ Best Contact Number 联系电话 _____

How did you learn about us 你是如何知道我们的? Brochure 宣传手册 _____; Friend/Family 家人朋友介绍 _____;

Internet 网络 _____; Newspaper 报纸 _____; Endless Possibilities Activity Guide 《无限可能》老年活动杂志 _____;

E-Newsletter 电子新闻邮件 _____; Social Media 社交媒体 _____; Other 其他: _____

Volunteer 做义工: I would like to explore volunteer opportunities 我想了解有哪些做义工的机会, Yes 是 _____; No 否 _____.

If yes, a Volunteer Connect 55+ staff member will contact you 如是是, 会有义工部 VC55+的工作人员与您联系.

Interests and Skills 你的兴趣和技能: _____

Orange County Senior Centers Rules of Personal Conduct for Participants
橙郡老人中心参加者个人行为准则

The Orange County Department on Aging's Senior Centers are designed to be a safe place for physical and intellectual stimulation and mutual social support for older adults. It is the policy of **ALL** Orange County Senior Centers that all participants respect the personal and professional boundaries of one another—this means treating all other participants, volunteers and staff with respect at all times. Please do not make others feel uncomfortable or unsafe by physically touching them without their specific permission to do so – **NO TOUCHING OF PRIVATE PERSONAL BODY PARTS IS ALLOWED.** 橙郡老龄部下属的老人活动中心旨在为长者营造一个安全的环境，为老人提供康体、益智、社交等方面的活动。橙郡所有老人中心的政策要求**所有**参加者尊重每位人士个人和职业的界限——总是尊重其他参加者、志愿者和工作人员。请勿在未经他人允许的情况下做出令对方不适或不安的肢体接触行为——**绝不允许触碰他人的隐私部位。**

If a participant demonstrates disrespectful, inappropriate or hurtful actions, including spoken words, physical gestures, unwanted touching, suggestive language and/or written communication to others, they will be requested by the Department on Aging management to discontinue the objectionable behavior and if necessary to leave the facility. If it is deemed, that an action rises to the level of criminality, local law enforcement will be notified and the accused may be temporarily or permanently banned from one or both Orange County Senior Centers. (Approved by the Orange County Advisory Board on Aging on Nov. 6, 2018) 如有参加者出现不敬、不合宜或伤害他人的行为举止，包括不当用语和肢体语言、在他人不情愿的情况下做肢体接触、口头或书面诱导别人等，都会被橙郡老龄部管理人员要求停止相关不当行为，情节严重时会被要求离开老人中心。如果违规行为已达到刑事责任的程度，我们会通知警方介入，被控人员会暂时或永久地禁止参加橙郡老人中心的任何活动。（此守则于2018年11月6日由橙郡老龄部咨询委员会通过）

I have read and understand the Rules of Personal Conduct.

我已阅读并理解上述行为准则。

Signature 签名 _____

Date 日期 _____

Orange County Department on Aging Waiver
橙郡老龄部免责声明

In consideration of my participation in the aforementioned Orange County Department on Aging program or activity, I, my heirs, executors, administrators, successors and assigns, hereby release and discharge Orange County, and all of its officers, agents, employees and successors, from any and all claims, actions, causes of action, damages, costs or other liabilities, known or unknown, foreseen or unforeseen, arising from any programs or activities conducted as part of Orange County Department of Aging Program(s). This release shall be binding on all their heirs, executors, personal representatives, administrators, successors and assigns. It is the intention of the parties that this Release shall be construed as broadly as permitted by applicable law.

考虑到我参与上述橙郡老龄部的项目或活动，我、我的继承人、执行人、管理人员、后继者和受让人，特此释放和解除橙郡及其所有官员、代理人、雇员和后继者对于我参加属于橙郡举办的任何项目或活动过程中所产生的任何和所有的索赔、诉讼、诉讼主张、损害、赔偿责任等，无论是已知的还是未知的，可预见的还是未预见的。本免责声明对双方所有继承人、执行人、个人代表、管理人员、后继者和受让人均具有约束力。双方当事人的意图是本免责声明应在适用法律允许的范围内进行解释。

To the extent allowed by law, I also consent to the transportation of myself by above said employees or agents to and from such programs or activities conducted as part of this Orange County Department on Aging program. I further understand that individual accident and general liability insurance coverage is not provided by Orange County Department on Aging or any sponsoring agent. I hereby grant the Orange County Department on Aging permission to use any photographic likeness taken.

在法律允许的范围内，我也同意当上述橙郡员工或代理人为我提供往返交通服务去参加橙郡老龄部所举办的活动时，也算为橙郡老龄部活动的一部分，也适用于本免责声明。我进一步理解到橙县老龄部或其任何活动代理人均不提供个人意外和一般责任保险。我特此授权橙郡老龄部使用我在参加其活动过程中的影像。

Signature 签名 _____

Date 日期 _____

Wellness Program Waiver 康体项目免责声明

Please Note: Some wellness programs require physical activity that may present problems if certain medical conditions currently exist. It is our recommendation that the participants consult their physician if they have any questions or concerns about participation in this program. It is our belief that by taking a few precautions, this will be a safe and fulfilling program for all involved. **请注意:** 该项目涉及一些如存在健康状况则不适宜参加的体育活动。我们建议参加者在参加活动前如有问题或担心, 应先咨询医生的意见。我们相信在采取必要预防措施的情况下, 本康体项目对于所有参加者是安全和有益的。

All Participants involved in Wellness program exercise classes must sign this liability waiver.

所有康体项目健身课程参加者必须签署本免责声明。

I, the undersigned participant, hereby agree to hold harmless any persons or organizations involved with Wellness program exercise classes, as well as owners, proprietors and employees of all facilities, from any legal action or claims at any time because of my participation in this exercise class. **I have informed the Orange County Department on Aging staff of any physical conditions that may hinder my participation in the program or activity.** I am in good enough physical condition to participate safely. I hereby grant permission to any licensed medical facility and/or my physician to provide treatment as deemed necessary for my well-being. I hereby grant the Wellness Program of the Orange County Department on Aging permission to use any photographic likeness taken.

我, 下面签名的参加者, 特此同意, 我不会让任何康体项目健身课程相关的个人或组织以及康体设施的

所有者、产权人和雇员因为我参加了这个健身课程而受到任何伤害。我已经告知橙郡老龄部的工作人员任何可能妨碍我参与康体项目或活动的身体状况。我身体状况良好, 可以安全参加康体活动。我特此授权任何持牌医疗机构和/或我的医生为我的健康提供必要的治疗。我特此授权橙郡老龄部康体项目使用我在参加其活动过程中的影像。

Signature 签名 _____

Date 日期 _____