



**Douglas County Board of Commissioners**  
**Lithia Springs Senior Center**  
**7301 Groovers Lake Rd., Lithia Springs, GA 30122**  
**Phone: 770-920-7575**



## *Membership Information*

Please Print

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number:  
\_\_\_\_\_

Preferred contact method: Home Phone \_\_\_ Cell Phone \_\_\_ Email \_\_\_

Would you like to receive notifications via TEXT? Standard messaging rates may apply:

Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_

Are you a Douglas County resident? Yes \_\_\_ No \_\_\_ If not, what county do you live in?  
\_\_\_\_\_

Are you a member of The Woodie Fite Senior Center? Yes \_\_\_ No \_\_\_

### **Emergency Contacts**

Please provide three (3) emergency contacts to be contacted considering an emergency.

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**What amenities are you interested in?**

*Please circle all that apply.*

Pickle Ball

Gym

Dance

Therapeutic Pool

Café Lounge

Computer Center

Library

Game Room

Additional Comments or  
Suggestions? \_\_\_\_\_

\_\_\_\_\_

Are you interested in any specific clubs or committees?

\_\_\_\_\_

\_\_\_\_\_

Did you serve in the military? Yes/No What Branch? \_\_\_\_\_

**Membership Fees for Douglas County Residents:**

Douglas County Resident: **\$50.00** Annual Fee/**\$25.00** Annual Fee for Spouse

**Please note Therapeutic Pool Access is an additional charge.**

Douglas County Resident Therapeutic Pool Access: **\$25.00** Spouse: **\$12.50**

**Non-Douglas County Resident:**

Non-Douglas County Resident: **\$75.00** Annual Fee/**\$50.00** Annual Fee for Spouse

**Please Note Therapeutic Pool Access is an additional Charge.**

Non-Douglas County Resident Therapeutic Pool Access:

Non-Douglas County Resident: **\$25.00** Annual Fee/**\$ 25.00** Annual Fee

**Please note the Membership Fee does NOT include the cost of certain classes or activities.**

I would like to have access to the “**Activity Center Only**” \_\_\_\_\_

I would like to have “**Full Access**” to the Activity Center and the Therapeutic Pool \_\_\_\_\_

**Payment Arrangements Available Upon Request.**

**Method of Payment:**

*Please Circle Option*

Cash

Credit Card/Debit Card

Check

Program Participation Release

I, \_\_\_\_\_, fully understand that my participation or attendance in any program, class offered, or use of facility amenities; including the Therapeutic Pool is strictly voluntary. To my knowledge I do not have any conditions that would prevent me from utilizing the programs, classes offered, or facility amenities. I also acknowledge that if I have any reservations or concerns about my medical condition, it is my responsibility to consult with the appropriate medical personnel prior to participating in any program, class offered, or utilization of facility amenities; including the Therapeutic Pool.

In addition, on behalf of myself, my next of kin, or my heirs, I release Douglas County, its officials, employees, volunteers, agents, and the Lithia Springs Senior Center from all liability/responsibility; for any injury, illness, or death resulting from the use/participation in any program, classes offered, or use of facility amenities.

I understand and agree that any photos or videos of myself may be used on social media or in publications for the Lithia Springs Senior Center.

I am satisfied and understand the potential risk of this program, activities, and use of facility amenities at the Lithia Springs Senior Center.

**Signature of Acceptance:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have received the new “*New Member Information Handbook*” and I agree to adhere to the Lithia Springs Senior Center policies for the privilege of membership at the Lithia Springs Senior Center.

**Signature of Acceptance:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***The following information is optional. This information is needed for current grant requirements and future grant applications. This information is kept strictly confidential.***

Are you a Veteran: Yes \_\_\_ No \_\_\_? If so, what branch? \_\_\_\_\_

Race/Ethnicity: \_\_\_ Black/African American

\_\_\_ White/Caucasian

\_\_\_ Native American

\_\_\_ Hispanic

\_\_\_ Asian

\_\_\_ Pacific Islander

\_\_\_ Other

\_\_\_ I choose not to answer.

Check below the number of persons in your household, and on the same line, check whether the household income is above or below the dollar figure shown on that line.

- 1 person household income \_\_\_ above \_\_\_ below \$40,250
- 2 person household income \_\_\_ above \_\_\_ below \$46,000
- 3 person household income \_\_\_ above \_\_\_ below \$51,750
- 4 person household income \_\_\_ above \_\_\_ below \$57,450
- 5 person household income \_\_\_ above \_\_\_ below \$62,050
- 6 person household income \_\_\_ above \_\_\_ below \$66,650
- 7 person household income \_\_\_ above \_\_\_ below \$71,250
- 8 person or more household income \_\_\_ above \_\_\_ below \$75,850