

City Council
Brendan Finn, President
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Tracey Johnson
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CITY OF LONG BEACH



City Manager
Daniel Creighton

**Commissioner of
Parks & Recreation**
Joseph A. Brand

Department of Parks & Recreation
700 Magnolia Boulevard, Long Beach, NY 11561
516-705-7410 www.longbeachny.gov/seniors

MAGNOLIA SENIOR CENTER MEMBERSHIP INTAKE FORM

NAME: _____ SEX: M F

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ D.O.B. : _____ Age: _____

EMAIL: _____

PRIMARY CONTACT PERSON: _____ PHONE: _____

SECONDARY CONTACT PERSON: _____ PHONE: _____

Please list Programs of interest to you:

FINANCIAL INFORMATION: The City of Long Beach is funding this program through a Community Development Block Grant provided by the Nassau County Office of Community Development. Therefore, it is mandatory that this section of the application be completed. The following information will be kept in strict confidence:

Total Number of people in household: _____ Estimated Total Household Income (gross): _____

Ethnicity: White___ Black___ Hispanic___ Asian___ American Indian___ Other___ (optional)

I certify that the above information is accurate to the best of my knowledge. While I have been assured that this information is kept confidential, I am aware that it is subject to verification by the agency providing service, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification and will provide supporting documents if requested.

Participation with the City of Long Beach Senior Programs is voluntary.

A Physician's Clearance for all exercise classes is strongly recommended.

Your signature below indicates that in the case of injury, the participant agrees to assume responsibility, hold harmless the instructor, and waive all claims against the City and instructor.

Signature : _____ Date : _____

For assistance or additional information, please contact Jennifer Cruz at 516-705-7401 or by email at JCruz@longbeachny.gov

PROOF OF RESIDENCY & AGE REQUIRED.
INCOMPLETE AND/OR INACCURATE APPLICATIONS WILL NOT BE PROCESSED.

OFFICE USE ONLY

Date: _____
Resident Proof: _____
Age Proof: _____
Vaccinated: _____