

## Welcome to the TriCounty Active Adult Center!



Formerly the Pottstown Area Seniors' Center, TRAAC is a community center for older adults in the tri-county area. Our participants come from

all over Montgomery, Chester, and Berks counties to enjoy our daily programs and activities, relax with friends in a caring environment, and receive the support they need to continue living independently.

I know you will enjoy the time you spend here. Please stop in to see me and let me know what we can do to provide you with the best experience possible.

A handwritten signature in black ink, appearing to read "Brian Parkes".

Brian Parkes  
Executive Director

### Hours

The senior center is open Monday-Friday, from 8am to 4pm. Occasionally, there are evening programs.

The center is closed on holidays - check the schedule in the newsletter or website for dates.

### Location

Our main offices and all programs and services are at 288 Moser Road in Pottstown.

### Membership

Membership at the senior center is OPTIONAL, but comes with some great benefits. Members receive:

- Our bi-monthly newsletter mailed directly to your door.
- Discounts on day and overnight trips.
- Five free programs/activities (some restrictions apply)
- Our gratitude for your support!

### Lunch

Lunch is served Monday - Friday at noon. Lunches are full, hot meals and are free. A \$2 suggested, anonymous donation is appreciated, and allows Montgomery County Aging and Adult Services to provide additional meals to home-bound seniors. There is a charge for our once-a-month birthday lunch which includes entertainment. Please call 610-323-5009 to make your reservations the Tuesday before the week you plan to attend, or pre-register on the check-in computer.

### Programs

We have lots of interesting programs and fun activities available for every ability level! From exercise programs like Sit 'n Get Fit! and Tai Chi to card games, to health screenings, to art class, origami, Spanish lessons, and so much more - I know you will find something you enjoy! Our members are welcoming - please don't be afraid to try something new. Many programs are free, and others cost \$1 to \$5 per session - check the newsletter for more information, or ask one of our friendly and helpful staff members.

### Funding

The TriCounty Active Adult Center is an independent nonprofit organization. We receive about one-third of our funding from the state, and the rest comes from private foundations, individuals, and fund-raisers such as our annual cash raffle.

# Participant Application



Please print, sign and complete the entire application form. All participant information provided is strictly confidential. **\*Information required by Montgomery County for membership and funding.**

**For office use only.**

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

Participant (Free)  
 Membership (\$20)

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

Cash  
 Check # \_\_\_\_\_

## Personal

Mr.  Miss  Mrs.  Ms.  Dr.  Rev.  Hon.

*First Name	Initial	*Last Name	Name you go by

*Date of Birth	*Last 4 Digits SS#

Male  Female



Veteran

Married  Divorced  Widowed  Single  Other/Unknown \_\_\_\_\_

## \*Contact

Home Address

\_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from home)

\_\_\_\_\_

\_\_\_\_\_

\*County: \_\_\_\_\_

\*Township: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

## \*Race/Ethnicity

White/Caucasian  Black/African-American  Asian  Native Hawaiian/Pacific Islander  
 Native American  Other \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

\*Live Alone  \*Rural  \*Disabled

\*Name \_\_\_\_\_

\*Date Updated \_\_\_\_\_

**\*Emergency Contacts - please provide two in addition to your physician**

	Emergency Contact 1	Emergency Contact 2
Name:	_____	_____
Relationship:	_____	_____
Phone:	_____	_____
Cell:	_____	_____
Primary Care Physician: _____		Phone: _____

**\*Medical Information (attach another page if necessary)**

Allergies	Medical Conditions
_____	_____
_____	_____

**Medications (Include over-the-counter medications and vitamins)**

Medication	Dosage	Reason
_____	_____	_____
_____	_____	_____

**\*Participation Policy and Waiver Consent**

Individuals wishing to participate in programs held by the TriCounty Active Adult Center (the Center) should meet the following criteria to be considered appropriate for service provision:

- Be able to eat and toilet independently.
- Be oriented to current surroundings.
- Behave in a non-aggressive and non-disruptive manner.
- Be able to clearly speak and socialize.
- Be able to ambulate safely.
- Be free of any infectious diseases that could put others at risk.
- Be able to self-administer any medication(s) that are necessary while in attendance.

Persons not meeting these criteria are welcome only if escorted by a responsible person at all times. This is required for the well-being of all staff and participants in Center activities on or off the premises. The Center is not responsible for monitoring the activities of anyone visiting and /or participating in services or programs on or off the premises. Staff has the authority to make final decisions in all cases as to who is appropriate for participation in activities of the Center.

The Center is a welcoming place for all people, regardless of race, nationality, disability, religion, color, sex, sexual orientation or gender identity. As such, intolerant or hateful speech will not be tolerated. Offenders may be asked to leave the Center.

I wish to take part in one or more events of the TriCounty Active Adult Center and, to the best of my knowledge, information and belief, have no physical restraints which would prohibit my participation in the events. In consideration of my application for participation being accepted, I being legally bound, do hereby for myself, my heirs, my executors and administrators, waive and release any and all rights I may have against the Center, its directors, officers, agents, staff (paid or volunteer) and any other co-sponsoring organizations for any and all injuries, claims, damages or causes of action, suffered by me during my participation in the events of the Center. The Center has my permission to have a physician or other healthcare professional attend me if it is deemed necessary for my health, welfare and safety. I attest and verify that I am in sufficiently good health for each activity, and understand the participation guidelines policy of the Center. I agree to allow my photo to be used for promotion and fundraising.

 \*Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_