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.

Brian Parkes
Executive Director

Hours

TRAAC 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 most programs and services are at 288 Moser Road in Pottstown. The main entrance is in the back of the building.

Membership

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

- Our quarterly newsletter mailed directly to your door.
- Discounts on day and overnight trips.
- Five free programs/activities (some restrictions apply)
- Priority sign-up for free income tax preparation (while appointments last!)
- 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 Office of Senior Services to provide additional meals to home-bound seniors. Please call 610-323-5009 to make your reservations at least two days before 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. Most programs are free, and others only cost $2 per session - check the newsletter for more information, or ask one of our friendly and helpful staff members. We also accept Silver Sneakers and Renew Active for many of our fitness classes.

Funding

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

Revised January 2026

TriCounty Active Adult Center

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 ($30)

Date Paid: _____
○ Cash
○ Check #_____

Revised 1/2026

Personal

Preferred Pronouns: ○ He/Him ○ She/Hers ○ They/Them

*First Name	Initial	*Last Name	Name you go by

*Date of Birth	*Last 4 Digits SS#	*Silver Sneakers #

Are you a veteran? ○ Yes ○ No

If yes, are you registered with the DMVA Veterans Registry? ○ Yes ○ No

○ Male ○ Female
○ Non-Binary

○ Married ○ Divorced ○ Widowed ○ Single ○ Partner/Other _____

*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, ethnicity, 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. I agree to allow my home or cell phone number to be called to send pre-recorded informational messages.

*Participant Signature: _____ Date: _____

TriCounty
Active Adult Center

Code of Conduct:

The TriCounty Active Adult Center is a welcoming place for all people, regardless of race, ethnicity, nationality, disability, religion, color, sex, sexual orientation or gender identity. As such, intolerant or hateful speech will not be tolerated.

Participants shall treat other members, volunteers and staff with courtesy and respect and further are expected to behave in a socially appropriate manor.

Participants shall not use profanity or engage in the use of derogatory comments or language that is abusive, threatening, loud, insulting or harassing.

Participants shall not fight, encourage others to fight, bully, harass or engage in disruptive behavior.

Participants shall not damage or deface TRAAC property.

Participants shall not steal.

Participants shall not bring alcohol, illegal drugs, or weapons to the TRAAC.

Participants shall, in no way, make it uncomfortable or unpleasant for others at the TRAAC

If a Participant's behavior violates any of the foregoing items, is deemed inappropriate or risky to the safety and well-being of others and/or disruptive to the quality of the TRAAC programs or services (in the sole opinion of the staff in charge), the guest may be asked to vacate the premises or immediately be suspended from further engagement in TRAAC programs and services. Depending upon the severity of the offense, staff reserve the right to enforce immediate suspension, expulsion, or take appropriate measures (e.g. contact police). Appeals may be made in accordance with the TRAAC grievance policy.

I agree and accept the TRAAC Code of Conduct.

Signature: _____ Date: _____

Name (printed): _____