



## **Lou Walker Senior Center Membership Requirements**

The Lou Walker Senior Center was designed for active, independent adults 55 years and older who reside in DeKalb County, GA. All potential or returning members must meet with our social worker to determine the compatibility of the center's program offerings and the participant's interest. At the time of annual membership renewal, current members must also meet with our social worker.

Any current member unable to exhibit the required level of independence will be evaluated by the social worker at which time your membership may be revoked. If it is determined that the Lou Walker Senior Center programs do not meet the individual's needs or interests, attempts will be made to identify a facility that can better serve you.

### **ELIGIBILITY:**

#### **1. Age**

The minimum eligibility age requirement is 55, (Exceptions may be made for Silver Sneakers Members)

#### **2. Health**

Members must exhibit independence and the ability for self-care. Mental disorientation or physical disabilities requiring individual care cannot be accommodated. LWSC and the Human Development Department will exercise discretionary judgment as to the center's ability to accommodate any individual. The Department reserves the right to decline services to individuals if the staff and/or facilities are inadequate for their needs. In such cases, the Department will suggest appropriate resources to care givers.

#### **3. Out-of-County Participants**

The Lou Walker Senior Center was created for the senior citizens of DeKalb County. Out of county residents are only permitted to join the Lou Walker Senior Center if they are members of the Silver Sneakers Program.

Because the Lou Walker Senior Center's mission is to serve independent active seniors, it is not staffed to assist persons in need of individual attention and assistance. By joining this facility you are accepting full responsibility for getting in and out of the facility; on and off your mode of transportation without any assistance from a LWSC staff member or volunteer. As a participant of the program you must be cognitive, meaning you cannot have any form of dementia. You must be continent, that is, in total control of your urine and other bodily functions. Acceptance of membership releases the Lou Walker Senior Center from any and all responsibility or liability of any participant using equipment to augment their independence i.e. walkers, rolators, oxygen, wheel chairs or canes, while at the Center. It is the responsibility of each member to insure that they can function in case of an emergency while at the Center.



## Lou Walker Senior Center Intake and Medical Release Form

Subject to the conditions set forth below, I give my consent to receive such medical treatment as deemed necessary in the event of an emergency. I will assume liability for any and all medical expenses involved. This authorization extends to my participation as a member in any activity sponsored by or involving the Lou Walker Senior Center, to include all Aquatics and Land Fitness programs, as well as my presence at the center during the hours of operation. I understand that in the event of an emergency, reasonable efforts will be made to contact my emergency contacts using the numbers provided by me during the enrollment process. I also understand that in case of a medical emergency, the Lou Walker Senior Center and DeKalb County Government will **not** assume any liability if I refuse treatment. If it is believed that my life or health may be adversely affected by a delay in contacting my emergency contacts, I consent to the following:

- a. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following information:

Allergies: \_\_\_\_\_

Names of **all** medications being taken (prescribed and over the counter)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Section to be completed by Physician

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

Physical Impairment (if any): \_\_\_\_\_

I, Dr. \_\_\_\_\_ (please print), recommend that the above named person  
be permitted to participate in physically strenuous activities at the Lou Walker Senior Center.

Physician's Signature: \_\_\_\_\_

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

Phone number of Physician: \_\_\_\_\_