



## GIAC Senior Program 2022 Registration Packet



Welcome to the GIAC Senior Program!

### **Greater Ithaca Activities Center's Mission Statement**

The Greater Ithaca Activities Center is a center for all ages, particularly youth and teens.

We serve the immediate neighborhood and the greater Ithaca area by providing multicultural, educational, and recreational programs focused on social and individual development.

Our programs include services dedicated to improving the quality of life for the people we serve; advocating for the rights and needs of youth, families, underrepresented and disenfranchised populations; providing structured employment training opportunities for at risk youth and adults; and fighting against oppression and intimidation in our community.

Our center executes this mission through its own programming and by drawing on the resources of other community agencies and individuals.

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The GIAC Seniors are a wonderful group of friendly, active, diverse people who participate in a wide range of social, cultural, and recreational activities together. Many of the activities have been suggested by the participants, so feel free to call with ideas. Participants are sent a monthly calendar and call in to reserve a space for program activities/outings (tell the receptionist or coordinator, leave a message on the voicemail, or email the coordinator). The coordinator (or assistant) will call the day before (or the last business day prior if the trip if it falls on a weekend or holiday) with a pick-up time and place. Don't hesitate to call if you think you've been forgotten! For the safety and enjoyment of everyone, we have a few expectations:

- To participate in the program, you must be at least **60 years** of age.
- Depending on circumstances, you may be asked to meet at a designated pick-up point. Efforts will be made to accommodate people unable to drive or carpool—generally we can accommodate members with transportation.
- Guests and unregistered spouses who accompany participants must pay \$10 for out-of-town events and \$5 for in-town events.
- Participants should be able to meet their own needs while on outings or should bring an aide. Members are responsible for the aide's ticket fees (if applicable). Other participants are not always capable of providing assistance and should not feel compelled to take on responsibility for others. Drivers are generally available, but are not medically trained.
- Many of our members are sensitive to perfume and scents, a few are extremely allergic! Please refrain from using perfume, powder, or other strong scents while on our trips. Be ready at designated pick up times and make room for all other passengers in the vans.
- Please be ready at the appointed time! If you need to cancel, **please give as much notice as possible** so other participants can be offered the seat.
- Call or write Program Coordinator Zack Nelson if you have any questions: 272-3622 (ext. 233) or [znelson@cityofithaca.org](mailto:znelson@cityofithaca.org)



# SENIOR PROGRAM REGISTRATION 2022

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

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

Phone (primary): \_\_\_\_\_ (other): \_\_\_\_\_

Age (optional): \_\_\_ Birth month \_\_\_ Email: \_\_\_\_\_

- I consent that my phone number be given to other Senior Program members.  
 I prefer that photos/videos of me **not** be used in GIAC promotional materials, social media, or otherwise publicly disseminated.

### Payment:

Fees are \$55 per (calendar) year; consult Program Coordinator for payment plans and scholarships, if necessary. Make checks payable to GIAC with "Senior Program" in memo line. *No one will be turned away because of an inability to pay. No fees are required from members 90 years or older, although a donation is appreciated.*

### Emergency contacts: (Please provide 2 contacts)

Doctor's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

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### Health Concerns or Conditions (allergies, physical limitations, etc.):

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

### GENERAL PERMISSION

I fully understand that my participation in the GIAC Senior Program trips and activities inside and outside the GIAC building is at my own risk without liability to GIAC and its staff. In case of emergency, I give permission to be taken to the nearest hospital where the attending physician will administer immediate treatment. I also give GIAC permission to transport me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date