

# WELCOME

Attached you will find the forms for membership for all Howard County 50+Centers.

- Registration Form
- Waiver
- Privacy Notice

Please complete and return the signed Registration Form and Waiver to the 50+Center for processing, please keep the Privacy Notice for your records.

Once you have filled out and returned the forms, you are eligible to register for programs in person at your local 50+Center and online at:

<https://apm.activecommunities.com/howardcounty>

If you have any questions, please contact any of the 50+Centers below:

Bain 50+Center  
5470 Ruth Keeton Way  
Columbia, MD 21044  
410.313.7213

Ellicott City 50+Center  
9401 Frederick Road  
Ellicott City, MD 21042  
410.313.1400

East Columbia 50+Center  
6610 Cradlerock Way  
Columbia, MD 21045  
410.313.7680

Glenwood 50+Center  
2400 Route 97  
Cooksville, MD. 21723  
410.313.5440

Elkridge 50+Center  
6540 Route 1  
Elkridge, MD 21075  
410.313.5192

North Laurel 50+Center  
9411 Whiskey Bottom Road  
Laurel, MD 20723  
410.313.0380

# 50+CENTER REGISTRATION FORM

Office use only

ActiveNet ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name (or known as): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Yes! Please email me the latest news and information.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race: (Check all that apply)**

- American Indian/Alaska Native
- Asian or Asian American
- Black or African American
- Native Hawaiian/Pacific Islander
- White

**Ethnicity: (Check one)**

- Hispanic/Latino
- Non-Hispanic/Latino

**Gender: (Check one)**

- Female
- Male
- Other

**Living Arrangement:**

- Live alone
- Live with Others

**Income: (Check appropriate box) Single, income**

At or Below \$1,255/month

- Yes  No

Live with spouse, income At or Below \$1,703/month

- Yes  No

# PRIVACY NOTICE

## Why does the Howard County Office on Aging and Independence ask for my personal information?

The information is used:

1. To register you for membership in 50+ Centers and programs
2. To determine if you qualify for other programs or services

## Aggregate information about persons we serve is reported to the Maryland Department of Aging (“MDOA”)

### Your Privacy is Important

Howard County Government and MDOA will not voluntarily share any facts that identify you with any third party. Facts that identify you include your name, address, telephone number, gender, email address and date of birth.

You may refuse to provide some or all information requested. However, please note that ongoing federal and state funding granted to the Office on Aging and Independence is dependent upon the Office on Aging and Independence providing aggregate information about individuals we serve including, but not limited to, race, ethnicity, income, age, gender, and marital status. Also, if a program is available to individuals who meet its qualifications (such as age or income) and you do not share the facts that demonstrate that you qualify, then you may not be able to participate in that program. Howard County Office on Aging and Independence staff are available to discuss qualifying criteria.

You have the right to look at the record that identifies you. To view your information, make a request in writing to:

Administrator  
Howard County Office on Aging and Independence  
9830 Patuxent Woods Drive  
Columbia, MD 21046

or

Maryland Department of Aging  
301 West Preston Street, Suite 1007  
Baltimore, MD 21201



## OFFICE ON AGING AND INDEPENDENCE WAIVER & RELEASE FORM

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

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

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

### **Person to Notify in Case of Emergency:**

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

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

Phone: Home \_\_\_\_\_ Other: \_\_\_\_\_

I understand that the activity for which I have registered may present certain inherent risks and hazards that I, as a participant, am willing to assume. Due to the strenuous nature of certain activities, I understand that I am encouraged to consult the instructor to learn about the particular activity and then to consult my physician concerning my fitness to participate. If applicable, I have obtained from my physician the medical clearance to use the equipment and/or start an exercise program. Howard County, Maryland ("the County") and the Office on Aging and Independence ("the Office") reserve the right to deny participation to me at any time based on health or safety considerations or to require certification from a physician before my participation.

In consideration of my participation in any of the activities or programs conducted by the Office, I hereby waive all claims and release the County, the Office, and their respective officials, employees, agents, representatives, successors, assigns, and volunteers from all liability for damage or injury of any kind that may arise, directly or indirectly, from my participation. I also will follow the rules and regulations set by the County or the Office. This waiver and release of liability includes, without limitation, all injuries that may occur as a result of: (a) my use of all amenities and equipment and my participation in any activity, class, program, personal training or instruction, virtual or otherwise, (b) the sudden and unforeseen malfunctioning of any equipment and (c) our instruction, training, and supervision.

I do hereby grant to the County and the Office the right to use my image or likeness in any photo, digital image, or video/audio recording, taken or made on behalf of the County or the Office in conjunction with their advertising, publicity, promotion, or training.

(Please initial): Yes \_\_\_ No \_\_\_

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

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

### **I hereby acknowledge I received a copy of the Privacy Notice:**

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

# Announcing HoCo Active!

A new app that removes the dependency on actual membership cards and makes it easier than ever to check in at your favorite center!

## HoCo Active

- Replaces hard copy membership cards.
- Provides a digital membership on your phone, pad or tablet to be scanned at all centers.
- Allows participants to easily register for programs and activities.

**HoCo Active** can be utilized on both Apple® and Android® devices.

## Get started and download the HoCo Active today!

1. Search for HoCo Active in Google Play on Android® or in the App Store on iOS®
2. Download and open the FREE app.
3. Sign in with credentials from an existing ActiveNet account.

### OR

Register for a new account.

- a. Select “continue as a guest.”
- b. Select the Guest icon at the top of the page which will open a browser to register for an ActiveNet account, which is Howard County’s official registration system for activities, programs and services.

  
**Howard County**  
Office on Aging and Independence  
[www.howardcountymd.gov/aging-independence](http://www.howardcountymd.gov/aging-independence)

  
**Howard County**  
Recreation & Parks  
[www.howardcountymd.gov/hcpr](http://www.howardcountymd.gov/hcpr)

If you need this information in an alternate format, contact Maryland Access Point (MAP) of Howard County at 410-313-1234 (voice/relay) or [map@howardcountymd.gov](mailto:map@howardcountymd.gov).