



VILLAGE OF KEY BISCAIYNE COMMUNITY CENTER MEMBERSHIP APPLICATION



1. RESPONSIBLE PARTY (Must be 18 years of age or older)

Full Name _____ E-mail _____
 Address _____
 Telephone *Home* _____ *Work* _____
 Cellular _____ *Other* _____
 Physician's Name _____ Phone No. _____

2. RESPONSIBLE PARTY (Must be 18 years of age or older)

Full Name _____ E-mail _____
 Address _____
 Telephone *Home* _____ *Work* _____
 Cellular _____ *Other* _____
 Physician's Name _____ Phone No. _____

3. CHILDREN'S INFORMATION

Full Name _____ DOB ____/____/____ Gender M F
 Medical History _____
 Full Name _____ DOB ____/____/____ Gender M F
 Medical History _____
 Full Name _____ DOB ____/____/____ Gender M F
 Medical History _____
 Full Name _____ DOB ____/____/____ Gender M F
 Medical History _____

4. INDIVIDUALS AUTHORIZED TO PICK UP CHILD AND EMERGENCY CONTACT

Name _____ Relationship _____
 Name _____ Relationship _____
 Name _____ Relationship _____
 Emergency Contact _____ Relationship _____

5. WAIVER

For myself as a participant, or as the parent or guardian of a minor child participating in activities or using any facilities of the Parks and Recreation Department, I hereby waive any claim against the Village of Key Biscayne and its agents, servants and employees hereafter arising from injuries sustained while participating in or using said facilities to myself or said child. I do covenant to indemnify, hold harmless and defend the said Village, its agents, servants and employees from any claim, damages or demand hereafter arising out of any injury to said child or to myself regardless of whether such injury to said child or to myself is caused in whole or in part by the negligence of said Village or by the negligence of the agents, servants and employees of the Village. I give permission for any photograph, videotape, or any other form of audio visual record of myself or my child's participation with the Village of Key Biscayne Department of Recreation (Key Biscayne Community Center) to be used by the Village of Key Biscayne for any purpose including the use of photographs, videotape or any other form of audio visual record in promotional brochures, publications, media, or film. I hereby release the Village of Key Biscayne from all liability for any accident or injury that might be sustained through my child's participation in this activity.

SIGNATURE _____ **DATE** _____

6. MEMBERSHIP PRICES

(Prices include Sales Tax)

Category	Monthly	Annual
Adult	\$55	\$300
Youth (18 & Under)	\$22	\$130
Senior (65+)	\$30	\$200
Student (25 & Under)	\$35	\$220
Couple	\$85	\$385
Senior Couple	\$50	\$300
Family	\$110	\$525

7. PAYMENT INFORMATION

Cash Check (Number _____) Credit Card Type: Visa MasterCard Amex
 Account Number _____ Exp. Date _____
 Cardholder Name _____
 Billing Address _____