



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* _____

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

Full Name _____ E-mail _____
 Address _____
 Telephone *Home* _____ *Work* _____
Cellular _____ *Other* _____

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 _____
 Emergency Contact _____ Phone Number _____

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. I also acknowledge receipt and acceptance of the Village's COVID-19 Waiver and Acknowledgement Form which is attached hereto and incorporated herein.

SIGNATURE _____ **DATE** _____

6. MEMBERSHIP PRICES

(Prices include Sales Tax)

Category	Monthly	Annual
Adult	\$55	\$300
Youth (ages 10-18)	\$22	\$130
Senior (65+)	\$30	\$200
Student (ages 19-25)	\$35	\$220
Couple	\$85	\$385
Senior Couple (both 65+)	\$50	\$300
Family (4 individuals)	\$110	\$525

7. AUTOMATIC RENEWAL OPTION FOR ANNUAL MEMBERSHIPS

By checking this box ☐ I authorize the Key Biscayne Community Center to automatically renew my annual membership using the credit card information provided below unless otherwise notified of intent to cancel in writing within thirty (30) days of renewal date. I understand that my credit card will be charged the rate current for my membership category at the time of renewal. This charge will occur every 12 months until the credit card has expired or until I opt out of the Automatic Renewal Program.

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Amex Cardholder Name: _____
 Account Number _____ Exp. Date _____