



VILLAGE OF KEY BISCAIYNE COMMUNITY CENTER MEMBERSHIP APPLICATION



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

Full Name _____ Date of Birth _____
 Address _____
 Telephone *Cellular* _____ *Other* _____
 Email _____

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

Full Name _____ Date of Birth _____
 Address _____
 Telephone *Cellular* _____ *Other* _____
 Email _____

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	N/A during COVID-19
Youth (ages 10-18)	\$22	N/A during COVID-19
Senior (65+)	\$30	N/A during COVID-19
Student (ages 19-25)	\$35	N/A during COVID-19
Couple	\$85	N/A during COVID-19
Senior Couple (both 65+)	\$50	N/A during COVID-19
Family (4 individuals)	\$110	N/A during COVID-19

7. PAYMENT INFORMATION

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



VILLAGE OF KEY BISCAIYNE COVID-19 WAIVER AND ACKNOWLEDGEMENT FORM

Novel Coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. The Village of Key Biscayne (“Village”) is committed to the health and safety of our residents and guests. We have worked diligently with state and local health officials, outside consultants, and industry leaders to enhance the health, safety, and cleanliness standards. The protocols and guidelines will be modified based on evolving industry standards and methodologies, public health and governmental directives, and advancing scientific knowledge on the transmissibility of COVID-19. We are excited to continue to provide residents and guests with programs and activities while addressing important health and safety needs during this time.

COVID-19 is extremely contagious and is believed to spread mainly from person–person contact. The Village has put in place preventative measures to reduce the spread of COVID-19; however, the Village cannot guarantee that you or any other person, will not become infected with COVID-19. Further, attending Village-sponsored activities or visiting Village facilities may increase your risk of contracting COVID-19. By signing this form you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you or members of your family may be exposed to or infected by COVID-19 by attending Village activities or visiting Village facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death of you or members of your family.

I hereby certify and affirm, on behalf of myself and those individuals listed on the attached membership and/or registration form who are under the age of 18, that we will comply with the CDC guidelines for visiting parks and recreational facilities, as contained in Miami-Dade County’s *Moving to a New Normal Handbook*, as may be amended from time to time. The *Moving to a New Normal Handbook* can be found at the following link: <https://www.miamidade.gov/information/library/new-normal.pdf>

I agree to comply with all procedures, directives, and requirements related to COVID-19 that are implemented by the Village, and acknowledge that my failure to do so could result in the Village prohibiting me and those individuals listed on the attached membership and/or registration form from being able to enter the Village facilities and participate in Village programs.

SIGNATURE

PRINT NAME

DATE