



# Membership Application Form

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

Filled out by: \_\_\_\_\_

Name: \_\_\_\_\_ ( ) male ( ) female DOB: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ (unlisted Yes \_\_\_ No \_\_\_) Email: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Name/Phone: \_\_\_\_\_

### Complete this section for Family Membership

Spouse: \_\_\_\_\_ ( ) male ( ) female DOB \_\_\_/\_\_\_/\_\_\_

Employer/School: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dependent Children 18 and under living at home, and full time college students up to 21 years of age:

<u>Name</u>		<u>Date of Birth</u>	<u>School Attending</u>
1. _____	( ) M ( ) F	___/___/___	_____
2. _____	( ) M ( ) F	___/___/___	_____
3. _____	( ) M ( ) F	___/___/___	_____
4. _____	( ) M ( ) F	___/___/___	_____
5. _____	( ) M ( ) F	___/___/___	_____
6. _____	( ) M ( ) F	___/___/___	_____
7. _____	( ) M ( ) F	___/___/___	_____
8. _____	( ) M ( ) F	___/___/___	_____

### PLEASE CIRCLE ONE MEMBERSHIP

In District Single \$15

In District Family \$25

Out of District Single \$20

Out of District Family \$35

**Memberships are month to month, date to date.**  
 If your membership has expired, you will be required to buy a day pass each time you come in until your membership is paid for.

**PLEASE NOTE: No Refunds or Credits on Membership Fees Not Used.**

**Please see back of this form for Release Information and Signatures.**

**Please read releases and acknowledge by signing below:**

**Release:** I acknowledge that by my signature below, the registrant listed above is participating in the Mulvane Recreation Commission (MRC) programs at his/her own risk. MRC, Mulvane USD 263, City of Mulvane, successors and assigns shall not be held liable for any accidents, illness, injury or damage to property. MRC does not provide any medical insurance for participants. Parents/Guardians are responsible for insurance. Parents must sign for children, under 18, entering program. **Registration is not valid without signature.**

**Model Release:** The undersigned and participant authorize MRC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

**Medical Release:** In case of a medical emergency and I cannot be contacted; I give my permission for an MRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the MRC staff is not allowed to administer any medications.

**Conduct:** The undersigned and participant agree to abide by all the policies and guidelines set forth by the MRC regarding this program and violations could result in being expelled from the activity with no refund. I further agree to follow the Parents' Pledge of Conduct if applicable.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

MRC Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please fill out fitness release form for each person in membership who is 16 years old or older.***

For Office Use Only: Payment received \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash