

Recreation Center Membership Application

Family Account Information

Member 1			
MEMBERSHIP PLAN	<input type="checkbox"/> PREMIER ANNUAL <input type="checkbox"/> ANNUAL	<input type="checkbox"/> PREMIER MONTH TO MONTH <input type="checkbox"/> MONTH TO MONTH	<input type="checkbox"/> VIRGINIA BEACH RESIDENT <input type="checkbox"/> NON-RESIDENT
	<input type="checkbox"/> YOUTH	<input type="checkbox"/> ADULT	<input type="checkbox"/> SENIOR
	AUTO RENEW <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME		FIRST NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
DATE OF BIRTH	EMAIL ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE & CARRIER	
STREET ADDRESS			
CITY	STATE	ZIP	
EMERGENCY CONTACT			PHONE
Main Contact (If Member 1 is under 18)			
PARENT/GUARDIAN NAME (PRINTED)			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
DATE OF BIRTH	EMAIL ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE & CARRIER	
STREET ADDRESS			
CITY	STATE	ZIP	

Member 2			
MEMBERSHIP PLAN	<input type="checkbox"/> PREMIER ANNUAL <input type="checkbox"/> ANNUAL	<input type="checkbox"/> PREMIER MONTH TO MONTH <input type="checkbox"/> MONTH TO MONTH	<input type="checkbox"/> VIRGINIA BEACH RESIDENT <input type="checkbox"/> NON-RESIDENT
	<input type="checkbox"/> YOUTH	<input type="checkbox"/> ADULT	<input type="checkbox"/> SENIOR
	AUTO RENEW <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME		FIRST NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
DATE OF BIRTH	EMAIL ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE & CARRIER	

Member 3			
MEMBERSHIP PLAN	<input type="checkbox"/> PREMIER ANNUAL <input type="checkbox"/> ANNUAL	<input type="checkbox"/> PREMIER MONTH TO MONTH <input type="checkbox"/> MONTH TO MONTH	<input type="checkbox"/> VIRGINIA BEACH RESIDENT <input type="checkbox"/> NON-RESIDENT
	<input type="checkbox"/> YOUTH	<input type="checkbox"/> ADULT	<input type="checkbox"/> SENIOR
	AUTO RENEW <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME		FIRST NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
DATE OF BIRTH	EMAIL ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE & CARRIER	

Member 4			
MEMBERSHIP PLAN	<input type="checkbox"/> PREMIER ANNUAL <input type="checkbox"/> ANNUAL	<input type="checkbox"/> PREMIER MONTH TO MONTH <input type="checkbox"/> MONTH TO MONTH	<input type="checkbox"/> VIRGINIA BEACH RESIDENT <input type="checkbox"/> NON-RESIDENT
	<input type="checkbox"/> YOUTH	<input type="checkbox"/> ADULT	<input type="checkbox"/> SENIOR
	AUTO RENEW <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME		FIRST NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
DATE OF BIRTH	EMAIL ADDRESS		
HOME PHONE	WORK PHONE	CELL PHONE & CARRIER	

(Please complete reverse side of application)

Recreation Center Membership Application (Cont'd)

Assumption of Risk and Release Agreement

As a patron of and/or participant in the Virginia Beach Department of Parks and Recreation facility and/or program, I affirm that to my knowledge, my general health is good and that I am not adversely affected by physical exercise, and that I am aware that I have certain physical conditions that limit my activities and will abide by such limitations to the best of my knowledge. I am aware of the possibility of accidental or other physical injury that may befall me during my use of the facility, equipment and/or participation in programs conducted by the Virginia Beach Department of Parks and Recreation including programs co-sponsored with other agencies.

I, for myself and/or child named here as a patron and/or participant in a Virginia Beach Parks & Recreation Facility and/or Program/Camp, am aware of the possibility of accidental or other physical injury which may befall me or my child(ren) during my/our use of the facility, equipment, and/or participation in Programs/Camps conducted by this department including Programs/Camps co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my child(ren) may suffer while utilizing Virginia Beach Parks & Recreation Facilities and/or Programs/Camps and release from any and all liability of cause of action, the City of Virginia Beach, its employees, agents and volunteers. I hereby provide my consent for the Department of Parks and Recreation to use photographs, videos and/or interviews with me and/or my child(ren) in connection with publicizing or promoting the City of Virginia Beach, its services, or departments and agencies. I understand that there will be no remuneration for such use.

City of Virginia Beach Public Records

The records of the City of Virginia Beach are generally open to the public for inspection. State law allows the City of Virginia Beach to withhold email addresses provided by citizens to the Department of Parks and Recreation if you specifically request in writing that such record(s) not be disclosed. If you want to request that your email address not be disclosed, please check the box requesting the records be withheld and sign below.

Please withhold my email address.

Membership/Day Pass Holders

A membership/day pass is personal to the patrons listed above. It cannot be reassigned or transferred. Patron agrees to abide by all facility and equipment rules and regulations and understands the Department of Parks and Recreation reserves the right to revoke membership card/day pass from patrons abusing rules, regulations, equipment, or facilities. I agree to the conditions stated above and declare all information given to be true and to the best of my knowledge.

I/we agree if I/we use or permit another person to use my/our account, I/we will be responsible for any balance due on this account. I/we must submit any changes to my/our account in writing to the Department. If any other party wishes to assume responsibility for my/our account that person must complete and submit this form.

Adult, Parent or Guardian Printed Name _____

Signature _____ Date _____

Adult, Parent or Guardian Printed Name _____

Signature _____ Date _____

Staff Use Only							
Category 1:	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Military ID	<input type="checkbox"/> Photo ID	<input type="checkbox"/> Employee ID	<input type="checkbox"/> Old Membership Card		
Category 2:	<input type="checkbox"/> Personal Check with current address	<input type="checkbox"/> Current lease/mortgage	<input type="checkbox"/> Federal or State tax return	<input type="checkbox"/> Current bank statement			
	<input type="checkbox"/> Personal property tax	<input type="checkbox"/> Current utility bill	<input type="checkbox"/> Voter registration	<input type="checkbox"/> Current cable bill	<input type="checkbox"/> Car registration		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check#	<input type="checkbox"/> GC	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	Amount \$	Rec'd:	Data Entry: