



Byron Township Community Center Membership Registration Form

(Please print & fill out this form completely & legibly)

Today's Date: ____/____/____ Resident Non Resident Corporate
 Annual Monthly Adult Couple Family Individual 18+ Older Adult Minor 4-17

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____ Gender (*please check*): Male or Female

Home Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____ Alt. Phone: _____

Emergency Contact Person: _____ Emergency Contact's Phone: _____

List below if purchasing Adult Couple or Family Membership:

FAMILY MEMBERS FIRST & LAST NAME	DATE OF BIRTH	RELATIONSHIP	M/F	EMPLOYMENT OR AGE VERIFICATION	PHOTO TAKEN

Please list any medical condition and or conditions, which we should be aware of: _____

Byron Township Community Center Waiver and Release- All Applicants Must Read This Waiver and Sign Below.

I acknowledge that Byron Township Recreation is granting me permission to engage in recreational activities at the Byron Township Community Center, the undersigned does hereby waive, release, save, and hold harmless and indemnify Byron Township and their employees, volunteers and agents for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of Byron Township. I do hereby grant and give these groups the right to use my or my child's photograph or image with or with out my or my child's name, both single and in conjunction with other persons or objects for the purpose of advertising and publicity only. The undersigned further assumes the risk of all dangerous conditions in and about the Byron Township Community Center property both real and personal and waive any and all specific notice of the existence of such dangerous conditions if any. I further agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in this program/ activity against the Byron Township Community Center. I do hereby consent to receive any medical treatment deemed advisable during my participation in activities at the Byron Township Community Center. I hereby certify that I have read all Byron Township's Policies and Procedures and understand and agree to content of this waiver.

Print Name: _____ Signature: _____ Date: _____

Participant Name: _____ Signature: _____ Date: _____
(additional members or parent or legal guardian)

Participant Name: _____ Signature: _____ Date: _____
(additional members or parent or legal guardian)

Participant Name: _____ Signature: _____ Date: _____
(additional members or parent or legal guardian)

Credit Card# MasterCard or Visa : _____ Expiration Date: _____

Cardholder Name: _____ Address: _____ Zip Code: _____ Security Code: _____

OFFICE USE ONLY

Date Paid: _____ Amount Paid: _____ Check: _____ Cash: _____ Credit Card: _____ Receipt: _____