

MEMBER



APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Card # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Gender: M F Birth Date \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Family Member's Information For Family Memberships Only**

Spouse: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Cd # \_\_\_\_\_  
 Child: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cd # \_\_\_\_\_  
 Child: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cd # \_\_\_\_\_  
 Child: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cd # \_\_\_\_\_  
 Child: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cd # \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 I was referred to the Buhl Community Rec. Center by \_\_\_\_\_.

**Buhl Community Recreation Center Membership/Program/Special Events Release and Waiver of Liability.**

I have my doctor's permission to participate in the Buhl activities/membership. I fully understand the potential risks involved in participation with this program/membership. In the event that a medical emergency should occur I hereby give permission to receive emergency medical treatment.

I hereby release, waive, discharge and agree to indemnify and hold harmless the Buhl its directors, officers, employees, and agents from any loss, liability, damage or any cost including any claim or demands therefore on account of any injury to me or damage to my property while I am upon the Buhl premises, or observing or using any facilities or equipment of the Buhl or participating in any Buhl program.

I hereby consent to have photographs/video images taken of me by a Buhl Rec. staff member or a professional approved by the Buhl Rec. Center and the use of such visual images at the discretion of the Buhl Community Rec. Center. I hereby release the Buhl Rec. Center, its directors, officer, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or visual images shall remain property of the Buhl Community Recreation Center.

I hereby read and voluntarily sign this release and waiver of liability. I further agree to follow Buhl Safety Policies and Procedures along with the Program Rules and Regulations and Membership Comfort and Safety Rules and Regulations. Failure to do so may result in expulsion from the Buhl Community Recreation Center and its program. I have read and understand the Buhl Refund Policy on programs/memberships.

Members Name Print \_\_\_\_\_ Members Name Signature \_\_\_\_\_ Date \_\_\_\_\_

COMPLETE THIS SECTION IF MEMBER IS A MINOR. Because the above member is a minor, \_\_\_\_\_ years of age or, is unable to sign for the following reasons:

NAME OF PARENT OR LEGAL GUARDIAN (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**The reason our memberships/program cost is so reasonable is in part due to funding from the United Way and other organizations.**

*Types of memberships:*

Youth, Student, College, Adult and Family

# UNITED WAY DEMOGRAPHICS

## Gender

Female

Male

## Race/Ethnicity

African American

American Indian

Asian Pacific Islander

Caucasian

Hispanic

Multi- Racial

Other

Unknown

## Income (USE 2014 HHS Poverty Guidelines, provided by UWMC)

Below Poverty Level

Low Income

Above Low Income

Unknown

Total:

## Age

0 – 5

6 – 12

13 – 18

19 – 24

25 – 34

35 – 54

55 – 64

65 – 74

75 – 84

85+

Total