



Aberdeen Family Swim Center
2020 APPLICATION FOR MEMBERSHIP

NAME OF PRIMARY MEMBER:

DATE OF BIRTH: AGE: PHONE:

CURRENT ADDRESS:

CITY: STATE: ZIP CODE:

SEX: EMAIL ADDRESS: ADDITIONAL PHONE:

EMERGENCY CONTACT

NAME: PHONE:

NOTES:

ADDITIONAL MEMBERS

NAME :

DATE OF BIRTH: RELATIONSHIP TO PRIMARY: AGE: SEX:

NAME:

DATE OF BIRTH: RELATIONSHIP TO PRIMARY: AGE: SEX:

NAME:

DATE OF BIRTH: RELATIONSHIP TO PRIMARY: AGE: SEX:

NAME:

DATE OF BIRTH: RELATIONSHIP TO PRIMARY: AGE: SEX:

PLEASE PROVIDE US WITH THE NAMES OF FOUR PROSPECTIVE MEMBERS & THEIR CONTACT INFORMATION

NAME NAME

NAME NAME

FOR OFFICE USE: **RECEIPT#** _____

DATE: _____

CHECK NUMBER _____ **CASH** _____ **AMOUNT** _____

MEMBER NUMBER _____

STAFF: DATE:

ALL PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE
Make checks payable to: Boys & Girls Clubs of Harford & Cecil Counties
Mail completed forms & payment to: Boys & Girls Clubs of Harford & Cecil Counties; PO Box 1106, Aberdeen, MD 21001

WAIVER

I (we)* hereby agree to participate in a fitness program and /or general exercise activities and /or recreational leisure at the Boys & Girls Clubs of Harford & Cecil Counties-Aberdeen Family Swim Center upon the understanding that:

*hereafter "I" as the subject of each of the following terms will stand as a singular statement by each of the undersigned whether age of majority or minor, whether individual membership or family.

1. I represent to the Boys & Girls Clubs of Harford & Cecil Counties that I am physically capable of participating in an exercise program and/or activity and /or recreational leisure;
2. I recognize the risk of illness and/or injury inherent in any exercise program and/or activity and/or recreational leisure;
3. I, my heirs, distributees, guardians, legal representatives and assigns will make no claim against, sue, attach the property of, or prosecute the Boys & Girls Clubs of Harford & Cecil Counties or any agents, employees or invitees for injuries or damages resulting from the negligence or other action or inaction of the Boys & Girls Clubs of Harford & Cecil Counties, its agents, employees, and invitees as a result of my participation in the said exercise program and/or activity and/or recreational leisure, and I agree to indemnify and hold the Boys & Girls Clubs of Harford & Cecil Counties harmless from the same. I hereby waive and release the Boys & Girls Clubs of Harford & Cecil Counties and my instructor(s) if any from any and all claims, costs, liabilities, expenses or judgments, (including attorney fees and court costs) arising out of my participation in the exercise program and/or activity and/or recreational leisure or and illness and/or injury arising there from.
4. I am aware that this is a release of liability and a contract between myself and the Boys & Girls Clubs of Harford & Cecil Counties and sign it of my own free will.
5. Parents (s)/ Guardian (s) must sign for children who have not reached the age of majority (18). Years of age.
6. Children 16 years old and younger must have parent(s)/ guardian(s) on-site.

NO APPLICATIONS WILL BE PROCESSED WITHOUT THE WAIVER SIGNED.

List below all who are listed on the application and provide with appropriate signatures and dates. Your application will not be processed without the completion of this form.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____