

MEMBERSHIPS (check one)

Youth (ages 8-17) Adult (18-54) 1 Day Visitor Pass
 Youth Health Room (ages 15-17)** Senior (55 & up)

**Completion of Part II may be required.

PART I – To Be Completed For All Memberships

Members NAME: _____			M	F
First	MI	Last	Gender	
Address _____		City	Zip	
(____) _____	(____) _____	(____) _____	_____	_____
Home Phone	Work Phone	Cell Phone	Age	Date of Birth
Emergency Contact _____			(____) _____	
			Phone Number	
Email Address _____				
<small>(Consent to Use Email: By providing my email address, I give permission for Parks, Recreation and Tourism to communicate with me. We do not share email addresses.)</small>				

Signature acknowledges understanding and acceptance of the following:

WAIVER FOR PARTICIPATION: In consideration hereof, I hereby, for myself, my spouse, my children, my heirs, successors, and assigns, now and forever, release, indemnify, save, defend, and hold harmless the City of Chesapeake, its departments, officials, employees, and representatives from and against any and all claims, including, but not limited to claims for personal injuries, death, fees, liabilities, losses, and costs resulting from or arising out of my or my child's participation in any activity sponsored, co-sponsored or run by the City of Chesapeake.

CONSENT TO USE PHOTOGRAPHS: Stating further, I authorize the City of Chesapeake and its departments to take photographs, audio and video recordings of me and/or my child at any City facility or program for publications used in promoting City programs.

CERTIFICATION OF COMMUNITY CENTER RULES: Signing this form acknowledges that the participant agrees to abide by all Community Center Rules and adhere to common safe practices. Participants under the age of 18 years old must have the signature of a parent or guardian prior to receiving a membership.

Center rules are posted in community centers and online at www.cityofchesapeake.net/centers

Member's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

(Required for member under age 18)

PART II - Must Be Completed For All Youth Fitness Room Memberships (ages 15-17) Where The Parent Desires To Transfer Their Parental Fitness Room Supervision Of Their Child To Another Adult Member.

I hereby give permission for my child _____ to utilize the fitness room under the supervision of **(name of adult with a valid membership)** _____. I understand the risks associated and agree that I will hold harmless the City of Chesapeake.

Parent/Guardian's Signature _____ Date: _____

(Transfer of Supervision)

**Person Supervising Signature _____ Date: _____

** (By signing, you are agreeing to supervise the above named youth at all times while utilizing the fitness room.)

Official Use Only---Staff Initial

() New () Renew

Staff Person _____

Membership Card Given _____

Center Rules Discussed _____

Fee Received _____

Membership # _____

Scholarship Used _____