

Day Pass

Volunteer

Member



# Oak Grove Community Center Membership Application



Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State \_\_\_\_\_

Email \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

Sex:  Male  Female Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Military Status: \_\_\_\_\_ Occupation \_\_\_\_\_

Membership Category:  Renting  Home-owner  Non-Resident  Military

Membership Type:  Single  Family-Silver  Family-Gold

Monthly  Six-Months  Yearly

Payment Type:  Cash  Check \_\_\_\_\_

Emergency Contact (name/address/phone#): \_\_\_\_\_

***Consent and Release From Liability: Read carefully before signing***

I certify that I have not withheld any pertinent medical information and that I am in adequate physical condition to become a participant at the Oak Grove Community Center. I understand this screen is merely a tool to assess the potential for problems that can be encountered during an exercise program and in no way can be construed as a medical examination. I also understand that this program is not intended to correct any medical or physical problems. The Oak Grove Community Center staff will be available to answer any questions and offer advice while participating in any exercise program, but will not be providing one-on-one supervision. It has also been explained to me that during any exercise program there is a possibility that changes may occur this may include changes in blood pressure, heart rhythm disorder, fainting, heart attack, stroke or possible death. I believe I have adequate knowledge upon which to base an informed consent to participate in the Oak Grove Community Center. I hereby release and discharge The City of Oak Grove, Ky. as well as the Community Center and its affiliates for all claims for damages, demands, or any action whatsoever in any manner arising or growing of my action at Oak Grove Community Center. I also release my image to the community center for use in photos or videos pertaining to the center.

\_\_\_\_\_ **Date**                      \_\_\_\_\_ **Applicant Signature**                      \_\_\_\_\_ **Staff Signature**

\*If applicant is under 18 a parent or legal guardian must sign and give consent in the presence of a staff witness or licensed notary.

Entered in the computer on: / /	Initials:
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