□ Chesterfield FAMILY CENTER The PARK SPRINGFIELD-GREENE COUNTY PARKS AND RECREATION □ Doling Family Center

Annual Membership Contract

□ Family □ Adult □ Youth

□ Senior □ Senior Couple

□ Corporate Family □ Corporate Adult Corporate Group Name_____

PLEASE PRINT CLEARLY

(Mr., Mrs., Miss): _____ **Birth Date:** _____/____/_____**(Mo/Day/Yr)**

Residential Address:_____
Po. Box or Street **City** **County** **State** **Zip**

Home Phone:_____ **Work Phone:** _____

E-Mail Address: _____ **Employed By:** _____

COMPLETE FOR FAMILY MEMBERSHIPS

Spouse's Name: _____ **Birth Date:** ____/____/____ **Work Phone:** _____

Employed By: _____

COMPLETE FOR FAMILY MEMBERSHIPS OR ADULT MEMBERSHIPS WITH CHILDREN

CHILDREN (DEPENDENTS)	BIRTH DATE	AGE	M/F	SCHOOL	Grade/Hrs. Per Semester
1._____	_____/____/_____	_____	_____	_____	_____
2._____	_____/____/_____	_____	_____	_____	_____
3._____	_____/____/_____	_____	_____	_____	_____
4._____	_____/____/_____	_____	_____	_____	_____

In Consideration Of Acceptance Of Membership, Enrolling Member And All Family Members Assume All Risks Of Personal Injury Or Property Damage, Which Occur As The Result Of Any Member's Participation In Fitness Activities At The Center Including, But Not Limited To, Exercise Programs, Aerobics, Weight Lifting, Running, Basketball, Volleyball, Swimming, Or Martial Arts. Members Release Risks Of Condition Of Premises, Facilities, And Equipment Used For Such Activities. Members Release City, Park Board And Their Employees From All Claims, Even If Caused By The Past Or Future Negligence Of City, Park Board Or Their Employees, Excepting Only Intentional Acts Or Gross Negligence. I Grant Full Permission To The Chesterfield & Doling Family Center To Use My Name, Photograph, Videotape Or Recordings For Any Publicity Promotion Purposes Without Obligation Or Liability To My Family Or Me. I Hereby Apply For Membership In The Springfield-Greene County Parks Board's Chesterfield &/Or Doling Family Center. I Agree To Cooperate With The Rules And Regulations Set By The Springfield-Greene County Park Board. I Have Read This Application And I Hereby Agree To Comply With All Obligations. **I Also Fully Understand That All Membership Fees Are Non-Refundable And Good For One Calendar Year.**

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Receipt #: _____ Amt. Paid _____ CK CC CASH Date Received: _____

Payment Plan: ☐Annual ☐Monthly Draft ☐ Renewal Staff Initials _____

NOTES:_____

Updated: 7/11/2008