



## SPRINGFIELD SKATEPARK MEMBERSHIP CONTRACT

Registration Date: \_\_\_\_\_

Membership Type:                      New: \$30: \_\_\_\_\_                      Renewal: \$25: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Participant's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Parent/Guardian Name (if participant is under 18 years of age): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Emergency Contact Information

<b>Contact #1:</b> _____
<b>Relationship:</b> _____
<b>Home Phone:</b> _____
<b>Work Phone:</b> _____
<b>Cell:</b> _____

<b>Contact #2:</b> _____
<b>Relationship:</b> _____
<b>Home Phone:</b> _____
<b>Work Phone:</b> _____
<b>Cell:</b> _____

*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 activities at the Skate Park. Members release risks of condition of premise, facility and equipment use 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 actions or gross negligence. I grant full permission to the Park Board to use my name, photograph, videotape or recordings for any publicity promotion purposes without obligation or liability to me family or me. I hereby apply for membership in the Springfield Greene County Park Board's Skate Park. I agree to cooperate with the rules & 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.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or guardian must sign if participant is under 18 years of age