Surf City Community Center Membership Application

201 Community Center Drive | PO Box 2475| Surf City, NC 28445 | ***Phone:*** *(910)328-4887 |* ***FAX:*** *(910)328-2898 |* ***www.townofsurfcity.com***

OFFICE USE ONLY

Membership #: _____

Membership Date: ____/____/____

Date of Birth: ___/____/____

Age at Application: _____

Notes: _____

OFFICE USE ONLY

Membership Type: ***(check one)*** **Member:** ____ **Pass Holder:** ____
Instructor: ____ **Volunteer:** ____ **Visitor:** ____ **Banned:** ____

Membership Level: _____

Activity Pass(es): _____

Qualifier Name: _____

SC Bus. Employer: _____

Silver Sneaker #: _____

Contact Information

Full Name: _____

Mailing Address: _____

Apt/Suite/Other: _____ City_____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Mobile: _____

Email: _____ Opt out of newsletter via email? □ Yes

Surf City Taxpayer Local Information *(only if different from above)*

Surf City Address: _____

Owner of Property: _____

Emergency Information

Surf City Parks & Recreation Department is committed to creating a healthy and safe environment for all participants, staff, volunteers and visitors. We request that you consult a doctor in preparation for, and prior to participating in any activity.

Do you have any medical conditions? _____

Are you allergic to any medications? _____

Please list any other allergies: _____

Emergency Contact Person: _____ **Phone**: _____

Liability Waiver

In consideration for being allowed to participate in any way in the Surf City Parks & Recreation Department activities, athletics, and/or related events and activities, the undersigned:

Agrees to abide by all rules and regulations of the Surf City Parks & Recreation Department, the facilities, the grounds, parks, affiliated clubs, agents, owners and leasers of premises used by the Department. Further, agrees to report persons not abiding by those rules to the Supervisor on duty.

Agrees prior to participating, each participant will inspect the facilities and equipment to be used. If they believe it to be unsafe, they will advise the supervisor on duty of such conditions and refuse to participate.

Acknowledge and fully understand that each participant may be engaging in activities that involve risk of personal injury, including permanent disability or death, and social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, or from conditions of the premises or equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.

Assumes all the foregoing risks and accepts personal responsibility for the damages of self and equipment following such injury, disability or death.

Release, waive, discharge and covenant not to sue the Surf City Parks & Recreation Department, the Town of Surf City, affiliated clubs, respective administrators, directors, agents, coaches, employees of the town or organizations, participants, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are here and here after referred to as "releases" from any and all liability to each including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

The undersigned has read the above waiver/release, understands that they have given up substantial rights by signing and has signed voluntarily.

SIGNATURE: _____ **DATE**: _____

LEGAL GUARDIAN SIGNATURE (if minor): _____ **DATE:** _____