

Member Registration

Personal Information	
First Name	Parent Name 1
Last Name	Parent Name 2
Primary Contact	(Mobile / Other) Name
Secondary Contact	(Mobile / Other) Name
Address	
City	
State	
Zip code	
Primary Email	
Primary EmailSecondary Email	
Birth date	
Notice of Privacy * Any and all information are not shared with other third permitted. If permitted, authorization for consent will Parent Initial Member Initial	party entities under any circumstances unless be required.
Other Information How did you hear about us? Word-of-mouth Check here if you want to receive monthly	Internet ly news, updates, events, and special promotions.
 include, but are not limited to cost of admission I understand and agree that I am fully responsible Recreation Group responsible for theft or dama I understand that activities occurs outdoors and my safety and all applicable laws/rules. I understand that primary contact numbers are purposes. In the event of compromised health, illness, and primary guardian will be contacted in any case bodily injury, illness, disease, or disability. If I am under 18 years of age, I have provided of I agree to follow the all applicable safety rules I understand registration and class fees are non 	d community settings. I am fully aware and responsible for provided to the group facilitator for any and all emergency d injury during community outings, I understand that my of emergency related to and including, but not limited to, consent to participate of my parent or legal guardian. and directions of the group facilitator -refundable.
*I agree with the above terms Parent Initial Member Initial	I do not agree with the above terms Thank you for you patronage.
REGISTER (button) Emergency Contact Information Name	Relationship
Primary Phone	Alternate Phone
Print Parent Name	Signature
Print Member Name	Signature