

Town of Faison
Anne Stroud Taylor Recreation & Wellness Center
MEMBERSHIP APPLICATION

Applicant Name _____

Address (Street, Town, State, Zip) _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-mail _____ **Picture ID for all members:** Yes _____

HOUSEHOLD FAMILY INFORMATION

1. Spouse Name _____
2. Child's Name _____ Date of Birth ____/____/____
3. Child's Name _____ Date of Birth ____/____/____
4. Child's Name _____ Date of Birth ____/____/____
5. Child's Name _____ Date of Birth ____/____/____
6. Child's Name _____ Date of Birth ____/____/____

Are you interested in volunteering: Yes ___ No ___

Please check the boxes below that correspond to your volunteering interests:

- Coach Assistant Coach Concession Stand Special Events
 Summer Camps

LIABILITY WAIVER

In consideration of being allowed to participate in any way in the Recreation and Wellness Center's athletics, fitness room and/or related activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or from the conditions of the premises or of the equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for the damages of equipment and self.
3. Release, waive, discharge and covenant not to sue the Anne Stroud Taylor Recreation & Wellness Center, the Town of Faison, Commissioners, town employees from any and all liability to each including death or damaged property.
4. Staff members have complete authority to ask anyone to leave the premises at any time.

Applicant Signature: _____ DATE _____

Staff Signature: _____ DATE _____

OFFICE USE ONLY

Membership # _____ # of Family Members _____ Amount Paid \$ _____ Cash / Check Receipt # _____

of Gym Assist Cards _____ Computer Registration Complete _____ Yes