

FAMILY NAME: _____

EMPLOYEE INITIALS: _____

DATE: _____

BEREA RECREATION DEPARTMENT MEMBERSHIP APPLICATION

RESIDENT

WORK IN BERIA

NON RESIDENT

| FIRST NAME: | LAST NAME: | BIRTHDATE: | MALE or FEMALE | PASS #: | FEE: |
|-------------|------------|------------|----------------|---------|-------|
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |
| _____ | _____ | _____ | MALE or FEMALE | _____ | _____ |

BUSINESS NAME (IF APPLICABLE): _____ ADDRESS: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATION: _____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR REGISTRATION AT THE BERIA RECREATION CENTER AND AGREE TO ABIDE BY ALL RULES, REGULATIONS AND POLICIES GOVERNING THIS FACILITY. I AGREE NOT TO HOLD EMPLOYEES OR SUPERVISING PERSONNEL OF THE CITY OF BERIA OR THE BERIA RECREATION CENTER LIABLE FOR ANY INJURIES SUSTAINED WHILE IN THE FACILITY. I UNDERSTAND THAT IF RULES, REGULATIONS AND POLICIES OF THE BERIA RECREATION CENTER ARE NOT FOLLOWED, MY PASS MAY BE SUSPENDED OR REVOKED. PROOF OF RESIDENCY OR EMPLOYMENT IS REQUIRED FOR MEMBERSHIP REGISTRATION. ALL MEMBERSHIPS ARE VALID ONE YEAR FROM THE DATE OF PURCHASE. NO REFUNDS WILL BE ISSUED FOR ANY REASON. A \$15 RETURNED CHECK FEE.

ADULT SIGNATURE: _____ DATE: _____