

Office Use Only Staff: _____

 Membership Type:/Other: _____

 Amount: _____ Payment Method: _____

 CC Number: _____

 CCV: _____ Expiration Date: _____

Member Information

First Name: _____

 Last Name: _____

 Sex: _____

 Address: _____

 Mailing: _____

 City: _____

 State: _____

 ZIP: _____

Parents Name (if minor child): _____

Race: _____

 Allergies/Medical Conditions: _____

Emergency Contact Name: _____

Relationship: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Date of Birth (M/D/YYYY): _____ Age: _____

T-Shirt Size: _____

Emergency Contact Number: _____

I have read and understand the "Center's Participation Agreement and Waiver"

Signature: _____

Date: _____

Family Information

First Name: _____

 Last Name: _____

 Sex: _____

 Date of Birth (M/D/YYYY): _____ Age: _____

First Name: _____

 Last Name: _____

 Sex: _____

 Date of Birth (M/D/YYYY): _____ Age: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Date of Birth (M/D/YYYY): _____ Age: _____

**For additional family members please list on back with first name, last name, sex, date of birth, and age.*

Participation Agreement and Waiver

Last name: _____ First name: _____

In consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor children, and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against The Center of Anna Maria Island and its representatives, successors, employees, contractors, or volunteers (collectively The Center) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by The Center, happen upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Center. I understand that this release includes my minor children and I represent that I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. I hereby authorize The Center and local newspapers to take pictures of my child and understand that these photos become the property of The Center and/or the newspaper. I hereby give The Center permission to take pictures of me and my children and to put the finished pictures on The Center's web site and social media sites. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes. I understand that additional forms may be required for membership. Please be advised that any fees paid prior to the activation of a membership purchase are not applied to the price of that membership.

Signature: _____ Date: _____