



MEMBERSHIP CARD AND VISITOR PASS HOLDERS

A Membership Card is personal to an individual. It cannot be reassigned or transferred. Participants agree to abide by all facility and equipment rules and regulations, and understand that the Department of Parks, Recreation & Leisure Services reserves the right to revoke Membership Card from patron abusing rules, regulations, equipment, or facilities. I agree to the conditions stated above and declare all information given to be true to the best of my knowledge.

I am aware of the general nature of the membership program sponsored by the City of Hampton's Parks, Recreation & Leisure Services Department, and I hereby assume responsibility for myself/my child(ren) to participate. I will not hold the City of Hampton and/or its employees or agents responsible in the event of accident or injury resulting from this participation. I agree to indemnify and hold harmless the City of Hampton, its agent/employees from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person sustained by me/my child(ren) while participating in the programs. I declare to the best of my knowledge and belief that I/my child(ren) are in sufficiently good health and physical condition to participate in the program. I agree that I/my child(ren) will, to the best of our knowledge, abide by any physical limitations which limit our activities or ability to participate in this program/activity.

Patron's Signature

Date

Parent/Guardian Signature

Date

PARENTAL CONSENT FOR TREATMENT

This Section Should Be Completed for Participants Under the Age of 18

A. Child's Name: _____
Last
First
Middle

B. This Is To Certify That I/We Have Hospitalization Insurance With:
 Company: _____ Policy Number: _____

C. Do We Have Permission To Give Any Medical Treatment Necessary To Your Child In Case We Are Unable to Contact You? Yes No

D. Any Exceptions, Please List: _____

I/We, the undersigned, do hereby authorize that certified medical centers/hospitals are given the authority to render necessary medical services to my/our child(ren) which results, directly or indirectly, from his/her participation in trips, programs, events, activities by the City of Hampton Parks, Recreation & Leisure Services Department; and I/We, the undersigned; also hereby agree to be responsible for such charges made by medical center/hospital, doctor, etc., in providing such medical services as are referred to above.

Parent/Guardian Signature

Date

Witness

Date



PARTICIPANT APPLICATION FORM

Please Print Clearly

Note: Membership is not complete until your fee has been paid for an I. D. Card and a photo has been taken for your Membership I. D. Card.

PLEASE CHECK THE APPROPRIATE BOX

Your Age Group: 6-12, Youth 13-17, Teen 18-54, Adult 55 & up Senior

Participant's Date of Birth: _____ Male/Female _____ Today's Date: _____

Participant Name: _____ City Dept. (Employee) _____
Last First Middle

Name of Parent/Guardian (if under 18) _____ Relationship to child: _____

Home Address: _____
Street Address/Apt. No. City State Zip

Home Phone: _____ Emergency Contact 1: _____

Day or Cell Phone: _____ Emergency Phone 1: _____

Physician: _____ Phone: _____

Current Health Problems/Allergies: _____

Do You Take Any Medication Daily? Yes No Please Specify: _____

Are You Allergic To Any Medication? Yes No Please Specify: _____

FOR OFFICE USE ONLY

	Date Issued	Staff Initials	Replacement
Card Type			
() Youth	_____	_____	_____
() Teens	_____	_____	_____
() Adults	_____	_____	_____
() Senior	_____	_____	_____
Type of Payment		Visitor's Pass	Date
() Cash		1 st visit	_____
() Check Number _____		2 nd visit	_____
() Receipt Number _____			
Name of Center: _____		Registration Number: _____	
		() School I. D.	

PLEASE READ AND SIGN LIABILITY FORM ON BACK TO COMPLETE YOUR APPLICATION