North Little Rock Community Center

Membership Application

Member Information

Member Name:_____ DOB: ___/___/_____

Gender: __M/__F E-mail Address (optional): _____

Any Medical Conditions we should know about? __Yes/__No

If yes please explain:_____

_____

Household Information

Address: _____

City:_____

Zip: _____ State: _____

Home phone: (____)_____-_____

Work phone: (____)_____-_____

Cell phone: (____)_____-_____

Emergency Contact (*not listed above)?*

Name: _____

Home phone: (____)_____-_____

Work phone: (____)_____-_____

Cell phone: (____)_____-_____

Spouse

Name: _____

If Address is same "X" here: _____

Address: _____

City:_____

Zip: _____ State: _____

Work phone: (____)_____-_____

Cell phone: (____)_____-_____

Optional Demographic Data

This is used as anonymous survey data for grants and other possible program funding.

Race: __ Black __ White __ Asian __ Hispanic __ Other

Household Income:

__ < $10,000 __ $10,001-$20,000

__ $20,001 – $30,000 __ $30,001-$40,000

__ $40,001-$50,000 __ >$50,000

Number in Household: __1/ __2 /__ 3 /__ 4/ __ 5+

ASSUMPTION OF RISK/RELEASE OF LIABILITY

It is understood that the North Little Rock Parks and Recreation Department (NLRPR) does not provide medical insurance covering injuries of any nature incurred during recreational programs at NLRPR facilities or during the transportation of participants to and from activities or special events. The undersigned hereby releases NLRPR, its successors, assigned officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing or resulting from participation in the program or at a center. All participants should be covered by their own insurance.

MEMBERS SIGNATURE: _____ Date: _____

WAIVER RELEASE FORM

I hereby authorize the staff of the NLRPR to act for me according to their best judgement in any emergency requiring medical attention involving me the member or my memberchild. I waive and release said director, staff members and the City of North Little Rock from any and all liability for all injuries and illnesses incurred while in the program or at the facility.

MEMBERS SIGNATURE: _____ Date: _____

PHOTO WAIVER RELEASE FORM

I hereby grant NLRPR specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of my and/or my family, taken during the program, for use by NLRPR.

MEMBERS SIGNATURE: _____ Date: _____

For Office Use Only:

Expires: _____ A or A/B: _____ RecTrac Entry Date: _____ Staff Initials: _____