

Fort Stockton

REC. DEPT.

RECREATION DEPARTMENT

MEMBERSHIP FORM

PLEASE PRINT:

Please circle what you will participating in...			
Weight Room	Open Gym	Racquetball	Swimming

NAME: _____

Age _____ D.O.B. _____ MALE _____ FEMALE _____

Address _____

Home # _____ Work # _____ Cell # _____

Emergency Contact _____ Phone # _____

Medical Conditions if applicable _____

Monthly Membership Type (Circle one)

GENERAL	STUDENT (16-18)	SENIOR (55 & UP)	FAMILY
\$15.00	\$5.00	\$5.00	\$15.00 PRIMARY MEMBER \$5.00 ADDITIONAL MEMBER

EXPECTED BEHAVIOR AND WAIVER

The atmosphere in the recreation setting should be one that promotes fun, fellowship, sportsmanship, and satisfaction. This of course, depends upon the attitudes of all those involved. The development of character and fair play should uppermost in the mind of everyone. Sports should be used as an opportunity for people to learn how to engage in healthy competition while maintaining respect for their teammates, opponents, coaches, officials and spectators. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants and the activity.

In return for the privilege of participating in Rec. Activities I understand that injury can and does occur from participation in such sport, and participation could result in serious injury, illness, or death. I also understand that damage to personal equipment such as eye glasses also occurs. Although I fully appreciate these risks, I desire to participate without regard to the consequences. I waive all claims I may have, including negligence or gross negligence, against the Recreation Department, The City of Ft. Stockton, Pecos County, The Fort Stockton Independent School District, their agents, officers, sponsors, and employees or any individual, firm or organization resulting in whole or in Rec. Activities. Further, I hereby grant full permission to any and all of the above mentioned to use any photographs, videotapes, motion pictures, recordings or any other recording of this event for any legitimate purpose. As a parent and/or guardain, I do herewith authorize the treatment by aqualified and licensed doctor in the event of a medical emergency which, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

SIGNATURE DATE

For office use only: Check # _____ Receipt# _____ Date _____ Initials _____