

Birdsboro Community Memorial Center

Student Membership Ages 16-21

6 month \$80 ~ 1 year \$120

Student membership includes 24/7 access to Fitness Center. The upstairs gym, outdoor court, and game room are available for use during open hours. Membership includes discounts on programs and events.

Name: _____ FOB # _____

Age: _____ Date of Birth: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Information:

Name: _____ Relationship: _____

Phone Number: _____

Email: _____

Workplace: _____ Work Phone #: _____

Secondary Contact Information:

Name: _____ Relationship: _____

Phone Number: _____

Email: _____

Workplace: _____ Work Phone #: _____

Medical Information:

Does you have any special needs, health issues, allergies or medications that need to be administered?

If yes, please describe: _____

In the event a parent or guardian can not be reached, I give the Birdsboro Community Center permission to obtain emergency medical care for me at the nearest hospital. Initial: _____

Insurance Carrier: _____

Permissions: (Students under 18 require parents initials and signature)

I give the Birdsboro Community Center permission to obtain emergency medical care for me/ my child at the nearest hospital. Initial: _____

I grant permission for BCMC to take and use photographs, or videos of me/my child for public relations, including social media platforms, program development and program documentation. Initial: _____

I agree to follow the membership rules and regulations of each program. I understand that if the rules are not followed myself/my child will be asked to leave. Initial: _____

I hereby give permission and consent for my child to participate in all activities provided by Birdsboro Community Memorial Center. I understand that all safety precautions will be taken, and I will not hold Birdsboro Community Memorial Center, its staff, volunteers, or officials legally liable for any damage suffered by my child including personal injury, bodily injury, including dental, which arises out of my child's participating in its activity or program. Initial: _____

COVID Precautions:

I understand that COVID precautions or protocols may change at any time. BCMC will create policy based on the recommendations of the CDC, the state of PA, Berks County officials and the Daniel Boone School District. I agree to comply with all COVID policies implemented by BCMC. Initial: _____

Student's Name (Printed)

Parent/Guardian's Name (Printed)

Student's Signature

Parent/Guardian's Signature

Date