

# Birdsboro Community Memorial Center

## Household Membership Application

**1 year membership ~ \$375.00**

Household membership includes 24/7 key card access to Fitness Center for those in the household who are ages 18 and up. Members ages 16-17 may access the fitness center by signing in at the office during designated open hours or with the supervision of an adult member. Youth ages 14-15 are only allowed to use the fitness center with an adult member. All members ages 13 and up have access to the upstairs gym, outdoor court, and game room during open hours. Membership includes discounts on programs, events, fitness classes and room rentals.

1. Primary Member Name: \_\_\_\_\_ FOB # \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female/Prefer Not to Answer

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Is it ok to contact you by email with news and upcoming events at the center? YES / NO**

2. Member Name: \_\_\_\_\_ FOB # \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female/ Prefer Not to Answer

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Member Name: \_\_\_\_\_ FOB # \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female / Prefer Not to Answer

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. Member Name: \_\_\_\_\_ FOB # \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female/ Prefer Not to Answer

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

5. Member Name: \_\_\_\_\_ FOB # : \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female / Prefer Not to Answer

6. Member Name: \_\_\_\_\_ FOB #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female / Prefer Not to Answer

**Emergency Contact Information: (Will be contacted if Primary contact can not be reached)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**MEDICAL INFORMATION**

Does any member have any special needs, health issues or allergies we should be aware of? YES/ NO

Member Name: \_\_\_\_\_ Condition: \_\_\_\_\_

Member Name: \_\_\_\_\_ Condition: \_\_\_\_\_

\_\_\_\_\_ IN THE EVENT OF AN EMERGENCY, I GIVE PERMISSION FOR BIRDSBORO  
COMMUNITY MEMORIAL CENTER TO OBTAIN EMERGENCY MEDICAL CARE FOR ME OR MY FAMILY MEMBER AT NEAREST  
HOSPITAL. INITIALS: \_\_\_\_\_

I GIVE PERMISSION FOR BIRDSBORO MEMORIAL COMMUNITY CENTER TO USE PHOTOGRAPHS AND VIDEOS FOR  
ADVERTISEMENTS OR PUBLIC RELATIONS. INITIALS: \_\_\_\_\_

I HAVE RECEIVED AND READ A COPY OF THE FITNESS CENTER GUIDELINES. I UNDERSTAND THAT A VIOLATION OF THESE  
GUIDELINES MAY RESULT IN A LOSS/SUSPENSION OF MY MEMBERSHIP WITHOUT REFUND. INITIALS: \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES PROVIDED BY BCMC. I UNDERSTAND THAT ALL SAFETY  
PRECAUTIONS WILL BE TAKEN. I WILL NOT HOLD BCMC, IT'S 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 PARTICIPATION. INITIALS: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**SIGNATURE**

**Birdsboro Community Memorial Center**

In consideration of my use of the exercise equipment and facilities at The Birdsboro Community Memorial Center, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that BCMC and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of BCMC.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the BCMC, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold BCMC harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by my.

I agree to be solely responsible for my safety and wellbeing of myself. I understand that the BCMC does not provide supervision, instruction, or assistance for the use of the facilities and equipment and is open for use twenty four hours a day, seven days a week.

I agree to comply with all rules imposed by the BCMC regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that the BCMC is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand and agree that my use of the facilities and equipment is only to be undertaken on my own personal time, and that my use of the facilities and equipment is not within the course or scope of my employment.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_