



ADULT MEMBERSHIP APPLICATION
JOSIAH WILLARD HAYDEN RECREATION CENTRE INC.

BASIC PLUNGE SR. CITIZEN WILLARD WILLARD ICE CLUB
SWIM BASIC PLUNGE
DATE RECEIVED ___/___/___ BY ___ AMOUNT ___ FORM OF PAYMENT ___

SUMMER RENEWAL

DATE RECEIVED ___/___/___ BY ___ AMOUNT ___ FORM OF PAYMENT ___

PLEASE PRINT IN INK

FIRST NAME _____ LAST _____ MIDDLE INT. _____ SEX _____
ADDRESS _____ TOWN _____ ZIP _____
DOB _____ HOME PHONE _____ CELL PHONE _____
BUSINESS NAME _____ BUS. PHONE _____
BUS. ADDRESS _____ TOWN _____ ZIP _____
EMERGENCY CONTACT _____ TELEPHONE _____
EMAIL ADDRESS FOR INFO ON HAYDEN PROGRAMS _____

Do you have any special needs, restrictions or limitations? No _____ Yes _____
Please explain "Yes" answer on reverse side or give information to Director.

I agree to abide by the rules and regulations of the Hayden Recreation Centre. Membership card may be used only by member whose name appears on card.

I authorize the Hayden Centre to photograph me and acknowledge that all photos become property of the Hayden Centre and may be used for promotions by the Centre. Yes _____ No _____

Member's Signature



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Do you have any special needs, restrictions or limitations? No _____ Yes _____
Please explain "Yes" answer on reverse side or give information to Director.

I agree to abide by the rules and regulations of the Hayden Recreation Centre. Membership card may be used only by member whose name appears on card.

I authorize the Hayden Centre to photograph me and acknowledge that all photos become property of the Hayden Centre and may be used for promotions by the Centre. Yes _____ No _____

Member's Signature

JOSIAH WILLARD HAYDEN RECREATION CENTRE INC.

Athletic Participant Waiver

Participant's name does hereby make application and give release to the Josiah Willard Hayden Recreation Centre, Inc., its professional staff and instructors, to be accepted and permitted to participate in JWHRC programs. I do, on behalf of myself, my heirs, executor, and administrators release and discharge JWHRC and all of its agents and employees from any claims and demands which I now have or may have in the future resulting in illness, injury, or occurrence as a result of participation in an exercise program.

Member's Signature: _____
(Signature of Parent or Guardian if under the age of 18)

Date: _____

JOSIAH WILLARD HAYDEN RECREATION CENTRE INC.

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Participant's name does hereby make application and give release to the Josiah Willard Hayden Recreation Centre, Inc., its professional staff and instructors, to be accepted and permitted to participate in JWHRC programs. I do, on behalf of myself, my heirs, executor, and administrators release and discharge JWHRC and all of its agents and employees from any claims and demands which I now have or may have in the future resulting in illness, injury, or occurrence as a result of participation in an exercise program.

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