



YOUTH MEMBERSHIP APPLICATION
JOSIAH WILLARD HAYDEN RECREATION CENTRE INC.

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

PLEASE PRINT IN INK

FIRST NAME _____ LAST _____ MIDDLE INT. _____ SEX _____

ADDRESS _____ TOWN _____ ZIP _____

HOME TELEPHONE _____ CELL PHONE _____

AGE _____ BIRTHDATE ___/___/___ GRADE _____ SCHOOL _____

PARENT'S NAME _____ WORK TELEPHONE _____ EXT _____

PARENT'S NAME _____ WORK TELEPHONE _____ EXT _____

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 do 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 JWHRM programs. I do, on behalf of myself, my heirs, executor, and administrators release and discharge JWHRM 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.

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

Signature of Parent or Guardian
Under the age of 18 signature required

Member's Signature



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