



# Fremont Community Recreation Authority Membership Registration Form

**Single Membership [\$15]    Senior/Student [\$10]    Family Membership [\$30]**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER **M F**

ADDRESS \_\_\_\_\_  
Street City Zip Code

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ MOBILE \_\_\_\_\_

EMERGENCY CONTACT #1 \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT #2 \_\_\_\_\_ PHONE \_\_\_\_\_

### Please list all other family members included on your membership:

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER M F

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER M F

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER M F

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER M F

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER M F

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER M F

Please list any special medical needs the FCRA should be aware of \_\_\_\_\_

**Photo Release** I grant to Fremont Community Recreation Authority (FCRA) the right to take photographs of me and my family in connection with the FCRA, including membership, program and special event participation. I authorize FCRA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Fremont Community Recreation Authority may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**Adult Participant** I understand that my participation in community recreation activities and programming is voluntary. I also understand that, as with all activities, there is a certain degree of inherent risk, including the possibility of head injuries/concussions associated with certain athletic events. As a consenting adult, I assume full responsibility for any injuries arising out of my participation in this activity. I hereby give permission to the Recreation Authority Representatives to pursue whatever medical treatment necessary to provide for my care up to and including hospitalization. In addition, I agree to pay any and all medical and hospitalization costs. I agree to release the Fremont Community Recreation Authority, its' employees, partners, and agents from any and all claims arising out of my participation in this program.

I acknowledge that the above statements about assumption of risk were read by me and that I understand them. I hereby agree to the above terms and conditions.

**Child Participant** I understand that my child's participation in the community recreation programs is voluntary. I also understand that, as with all activities, there is a certain degree of inherent risk. As a parent/guardian, I assume full responsibility for any injuries arising out of their participation in this activity. If my child is injured and the Recreation Authority staff are unable to get a hold of me, I hereby give them permission to pursue whatever medical treatment necessary to care for my child including hospitalization.

In addition, I agree to pay any and all medical and hospitalization costs. I agree to release the Fremont Community Recreation Authority, its' employees, partners, and agents from any and all claims arising out of my child's participation in this program.

I acknowledge that the above statements about assumption of risk were read by me and that I understand them. I hereby agree to the above terms and conditions.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*For participants under 18

**Physician's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_