



**ADULT MEMBERSHIP APPLICATION
JOSIAH WILLARD HAYDEN RECREATION CENTRE INC.**

BASIC

PLUNGE

SR. CITIZEN
SWIM

WILLARD
BASIC

WILLARD
PLUNGE

ICE CLUB

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 _____ PRIMARY 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

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: _____