Talladega Parks and Recreation Department Membership Application

Name of Member: _____ Date of Birth: Date: **Basketball/Walking Track: Fitness Zone:** Ages 8-49: • Yearly • Monthly Ages 15-49: • Yearly • Monthly Yearly D Monthly Ages 50+: Ages 50+: • Yearly • Monthly Family: Yearly **Open Swim:** A.M. Water Aerobics: □ Yearly □ Monthly Ages 8-49: Ages 8-49: Monthly Yearly Description Monthly Ages 50+: Ages 50+: Monthly □ Yearly □ Monthly Family: P.M. Water Aerobics: A.M. & P.M Water Aerobics: Ages 8-49: Monthly Ages 8-49: Yearly Monthly Ages 50+: Ages 50+: Yearly Individual All (Basketball, Walking Track, Fitness Zone & Open Swim): Yearly D Monthly Ages 8-49: Ages 50+: Yearly Yearly Description Monthly Family: Date Membership Expires: Membership dues are not refundable or transferable. Family Memberships are Mother, Father & up to three children, 18 years and under, living at home & directly related. Name: ______ Age: _____ Sex: In case of an emergency, notify: Name: _____ Phone: As a member of the Talladega Parks and Recreation, I will abide by all the rules and regulations. I fully understand that failure to obey the rules could result in my membership privileges being suspended.

Member Signature:

Cell Phone:		_Home Phone:	
Address:			
City:		State:	Zip:
•	All youth under the age of ten years old must be accom	panied by their parents or another membe	r 16 years or older.
•	Must be 15 years old to go in the fitness room.		
•	Must be 12 years old to go on the walking track without	an adult.	
Employee Signature:		Date:	