

ADULT MEMBERSHIP PASS APPLICATION
(AGE 18-54)

Name: _____ Age: _____ Date of Birth: ____/____/____ Male: _____ Female: _____

Phone (Home): (____) _____ Phone (Work): (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Pager/Cell Ph: (____) _____

Emergency Contact (other than parent): _____ Relationship: _____

Address: _____ Phone: (____) _____

Special information we should know about you:

In registering myself and/or any member of my family for this program, I agree that I and all such family members will comply with all the rules of the program, and agree not to hold the City of Bowie or any of its employees, officials or agents liable in case of injury to me or any such registered family members, or damage to our property. I have read and understand the Gymnasium Rules and Regulations as shown on the reverse of this form.

Signature Date

~~~~~Office Use Only~~~~~

Card #: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Resident: \_\_\_\_\_ Postal \_\_\_\_\_

Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Name on Check: \_\_\_\_\_ Amount: \$ \_\_\_\_\_