

# SENIOR MEMBERSHIP PASS APPLICATION

(AGE 55 +)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Special health 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: \_\_\_\_\_

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