

CITY OF BOWIE GYMNASIUM  
YOUTH MEMBERSHIP PASS APPLICATION  
(AGE 6-17)

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone (Home): (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone (Work): (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Pager/Cell Ph: (\_\_\_\_) \_\_\_\_\_

Father: \_\_\_\_\_ Phone (Home): (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone (Work): (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Pager/Cell Ph: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Emergency Contact (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Special information we should know about your child:**

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Child's Signature                      Date

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

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

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