



Brambleton Community Outreach Center Youth Membership Form 2009

***READ THE REVERSE SIDE BEFORE COMPLETING THIS APPLICATION!**

Name: _____ **Date of Birth:** _____
Last First MI

Address: _____
Street Apt. #

_____ City State ZIP

Gender: Male Female **Head of Household:** Yes No **Number in Household:** _____

Race: (Check one) African-American Asian Caucasian Hispanic/Latino
 Native American Pacific Islander/Inuit Other: _____

Acceptance of the Release of Liability and Assumption of Risk/Membership Expiration Policy:
_____ (Initials) I, the parent/guardian of the applicant, have read, understand and agree to the Release of Liability and Assumption of Risk Agreement, and the Membership Expiration Policy printed on reverse side of this form.

Parent/Guardian of Applicant Signature: _____ **Date:** _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Does the applicant have any health related problems or disabilities? Yes No
If yes, please list them. _____

Does the applicant take any prescribed medications that the Center staff should be aware of? Also, think carefully about medications that may have adverse side effects or those you have had difficulties with in the past (please list).

Medications applicant currently takes: _____

Medications applicant is *allergic* to: _____

Emergency Authorization/Emergency Contact

By checking this box, I hereby authorize medical personnel, selected by the BCOC Director and/or staff to provide any medical attention or treatment for the applicant in the event of an emergency. Please notify the person below:

Contact's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

While the BCOC reserves the right to deny or revoke membership to any applicant, the BCOC will never discriminate because of race, color, national origin, political affiliation, religion, sex, age, or disability.

NSU Brambleton Community Outreach Center Youth Membership Form 2009

RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

PARENT/GUARDIAN OF APPLICANT

In consideration of being allowed to use the Brambleton Community Outreach Center's (BCOC) facility for participation in sports, special activities, and all other programs, services, activities and events held at the BCOC, I (the parent/guardian of the applicant) acknowledge, appreciate and agree to the following:

1. The risk of injuries while participating in BCOC sports, activities, events, etc. have the potential to be significant, including the potential for permanent paralysis and death and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for the applicant's participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any suspected hazard(s) during my presence, I will bring such to the attention of the nearest BCOC staff member IMMEDIATELY; and
4. I, HEREBY RELEASE AND HOLD HARMLESS, Norfolk State University, the Brambleton Community Outreach Center and their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, AND I, AS THE PARENT/GUARDIAN OF THE APPLICANT, UNDERSTAND THE NATURE OF THE VARIOUS SPORTS, ACTIVITIES, EVENTS, ETC. AND CONFIRM THAT HE/SHE (THE APPLICANT) IS QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN ALL SPORTS, ACTIVITIES, EVENTS, ETC. FOR WHICH I AUTHORIZE THEM TO PARTICIPATE. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE APPLICANT'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, THE APPLICANT, OR ANYONE ON THE APPLICANT'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I, ON BEHALF OF THE APPLICANT OR MYSELF, WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

MEMBERSHIP EXPIRATION POLICY

All memberships expire in December of each calendar year. Each member will be required to renew their membership in January of each calendar year, and new membership rates may apply.

MEMBERSHIP INCLUDES

- USE OF WEIGHT ROOM (ADULTS)
- USE OF CARDIO ROOM (ADULTS)
- AEROBICS CLASSES (ADULTS)
- USE OF GYMNASIUM (FREE TIME)
- USE OF COMPUTER LAB (FREE TIME)
- FREE SEMINARS/WORKSHOPS
- OTHER FREE ACTIVITIES

There is a \$5.00 replacement fee for lost/stolen cards.

LOST, STOLEN, DAMAGED OR MISPLACED ITEMS

The Brambleton Community Outreach Center is not responsible for lost, stolen, damaged or misplaced items. Found items will be held for a period of two weeks, after which time they will be discarded or donated to an organization selected by the BCOC Staff.