

City of York Parks & Recreation

Community Center & Auditorium Membership Form



	Name (First & Last)	Gender	Date of Birth (M/D/YYYY)	Phone Number	Address (Street, City, State, & ZIP)	Email	Key Tag Number
Primary							
Primary							
Child							
Child							
Child							
Child							
Child							
Child							
Child							
Emergency Contact							

Membership Type:	Day:	Youth/Senior: _____	Adult: _____	Noon Ball:	Season: _____
	Coupon Book:	Youth/Senior: _____	Adult: _____	Pickleball Open Rec:	Season: _____
	Month:	Youth/Senior: _____	Adult: _____	Family: _____	
	6 Month:	Youth/Senior: _____	Adult: _____	Family: _____	
	Annual:	Youth/Senior: _____	Adult: _____	Family: _____	
	Combo:	Youth/Senior: _____	Adult: _____	Family: _____	
	City Wellness:		Adult: _____	Family: _____	

Office Use Only

Membership Form: Date Received: _____
 Membership Fee: Date Accepted: _____ Amount: _____ Payment Type: _____
 Key Tag(s): Date Given: _____

City of York Parks & Recreation Community Center & Auditorium Membership Waiver

In consideration of gaining membership or being allowed to participate in the activities and programs of the City of York Parks and Recreation Department and to use its facilities, equipment, and machinery in addition to the payment of any fee or change, I do hereby waive, release and forever discharge the City of York and its employees, officers, representatives, executors and its agents from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or arising out of my participation in any activities at said facility.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participating in any of the activities and programs of the City of York Parks and Recreation Department, or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I do hereby authorize City of York Parks and Recreation Department and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate intis promotional materials or team films.

Member Signature(s): _____ Date: _____

YPR Representative Signature: _____ Date: _____