

**West Medford Community Center
111 Arlington Street
West Medford, MA 02155
781-483-3042**

Membership Application

Member Information

Member First Name _____ Last name _____

Gender: ___ M ___ F Age: _____ D.O.B: _____

Ethnic Background: African American ___ / Asian ___ / Caucasian ___ / Hispanic ___ / Multi Racial ___ / Native American ___ /
Other _____/

Address _____ City _____, State _____ Zip _____

Phone: _____ E-mail Address _____ Add me to the mailing list

Family Members Names (if applicable) _____

MEMBERSHIPS (check one)

___ Youth (under 15) - \$15.00

___ Senior (Over 55) - \$20.00

___ Individual - \$25.00

___ Family - \$100.00

___ Corporate - \$250.00

The West Medford Community Center is primarily funded through grants; answers to the following voluntary questions would greatly help in securing our grant funding. We do not divulge information on individual children. All information is requested in conjunction with the Department of Housing and Urban Development reporting requirements as required by Federal guidelines.

Annual Yearly Income: ___ 0 - \$20,000, ___ \$20,001 - \$30,000, ___ \$30,001-\$40,000, ___ \$40,001 - \$50,000, ___ \$50,001 - \$60,000

___ \$60,001 - \$70,000, ___ over \$70,000 Number in Household _____ Single Parent ___Y ___N

Disclaimer

I hereby give permission for my child to become a member of the West Medford Community Center. I understand the Center is not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage and/or vandalism to the center caused by my child.

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Official use only-- Staff Initial

Reg. Fee Received _____

Membership Card Given _____

Center Schedule Given _____

Center Rules Given _____

Scholarship _____

Membership # _____

() New () Renew

Parent Release Form

I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the West Medford Community Center, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Medical Treatment

I give permission to the West Medford Community Center to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Technology

As a member of the West Medford Community Center, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. The West Medford Community Center will have rules and consequences at the Center for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand that the West Medford Community Center is not responsible for lost or stolen items.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the West Medford Community Center and its activities.

I also understand that the center is not, nor claims to be, a licensed day care center.

I have read the completed application and this form, understand the rules of the West Medford Community Center and request that my child be admitted into membership.

Parent/Guardian Signature

Parent/Guardian Name (PRINT PLEASE)

Date: _____