



Membership Application

Name: _____
Last First Middle

Classification: Adult ____ M ____ F ____ Child ____ Age ____ M ____ F ____

Address: _____

Phone# _____ Email _____

Emergency Contact Name _____ Relationship _____

Emergency Contact #'s 1) _____ 2) _____

Emergency Contact Name _____ Relationship _____

Emergency Contact #'s 1) _____ 2) _____

Emergency Contact Name _____ Relationship _____

Emergency Contact #'s 1) _____ 2) _____

Membership card required * Initial Membership card \$10.00, Replacement card \$5.00
No Membership Fee

This form must be signed by the adult member or if member is a minor must be signed by a parent/legal guardian.

*In consideration for the privileges of using **The Brook Sports** facilities and other goods and valuable consideration, the undersigned hereby elect to, and do, assume all risk for claims heretofore or hereafter arising from the subject of this Release, in favor of the undersigned his heirs, executors, administrator, successors, or assigns and hereby knowingly and voluntarily expressly release said **The Brook Sports** its agent, officers employees from all liability or claims, demands and cost arising out of injuries or damages sustained with using the facilities of **The Brook Sports** or by the negligence of the undersigned. Further, the undersigned agree to abide by and be bound by the rules and regulations for operation and safety of the facilities.*

The undersigned has read this Release and understands all its terms. The undersigned executed this Release voluntarily and with full knowledge of its significance.

Signature: _____ Date _____

