



FOR OFFICE USE ONLY

Membership # _____ City Employee # _____

New Membership Added _____ Staff Initials _____

Residency verified: Yes _____ Non Resident _____

MILPITAS SPORTS CENTER MEMBERSHIP REGISTRATION FORM

PLEASE PRINT

TODAY'S DATE: _____ EMAIL: _____

FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY: _____ ZIP CODE: _____ WORK PHONE: _____

BIRTHDATE: _____ **Please add my email to the following user lists:** Aquatics Fitness All Programs

EMERGENCY CONTACT PERSON

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: (Day) _____ (Evening) _____

MEDICAL INFORMATION AND LIABILITY RELEASE

This information is **confidential** and will be kept on file. We encourage you to have a physical examination prior to beginning any exercise program. Should you wish, please check the condition(s) that may apply to you:

- Respiratory problems/asthma
- Diabetes
- Pregnancy
- Other _____
- Obesity
- Heart problems
- High blood pressure
- High cholesterol
- Recent surgery
- Chronic illness
- Recent head or back injury
- Arthritis
- Epilepsy

Are you currently under a doctor's care? YES NO _____

Are you currently taking any medication? YES -TYPE _____

If any of these conditions or other medical problems apply to you, **we recommend that you always consult a physician for guidelines for prior to participation in any physical fitness program.**

Release and Waiver of Liability and Indemnity Agreement

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND.

In consideration of being permitted to enter the Milpitas Sports Center (hereafter "the Center") for any purposes including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby releases, waives, discharges and covenants not to sue the Center, the City of Milpitas, or any of its agents or employees (hereinafter referred to as "releasees") from liability to the undersigned for any loss of damage, and any claim or demands therefore on account of injury to the person or property or resulting in death or the undersigned, whether caused by negligence or the releasees or otherwise, while the undersigned is in, upon or about the premises or any facilities or equipment therein. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel.

The undersigned has reviewed and understands that **NO REFUNDS will be given. Unlimited Use memberships are NON-TRANSFERABLE and NON-REFUNDABLE.** The undersigned further agrees as a participant in any paid or free activity, event or program to grant full permission to the City of Milpitas to use his or her name and any photographs, videographs, motion pictures or recording for any publicity or promotional purposes without obligation or liability. The undersigned agrees that participation in Center programs is permissive, and that the City of Milpitas reserves the right to suspend or revoke user privileges as deemed necessary in regards to the Code of Conduct as described on the back of this registration form, for the safety of the participants, staff, contractors and other facility users.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE.

Signature: _____

Print Name: _____

- Parent
- Guardian
- Participant