



CITY OF LIVONIA
DEPARTMENT OF PARKS and RECREATION
JACK E. KIRKSEY RECREATION CENTER ANNUAL MEMBERSHIP APPLICATION
 (PLEASE PRINT CLEARLY & FILL OUT THIS FORM COMPLETELY)

NAME:

Primary Member _____ Female Male

Address _____ City _____ Zip _____

Date of Birth ____/____/____ E-mail _____

Primary Phone (_____) _____ Alternate Phone (_____) _____

Medical conditions or special needs we should be aware of _____

In case of an emergency contact _____ at _____
 (Other than numbers listed above) (Name & Relationship) (Contact Phone)

ADDITIONAL FAMILY MEMBERS FIRST & LAST NAME	AGE	DATE OF BIRTH	RELATIONSHIP TO PRIMARY MEMBER
<i>Family members must be any combination of related family members all residing at the same address. Individuals 18+ must show proof of residency.</i>			
2.			
3.			
4.			
5.			
6.			

*7. Staff Initials _____ Date _____ Membership Type _____

If you are a new annual member and you were **“Referred”** by a current annual member, please list member name: _____

How did you hear about us?

Past Member L Magazine Friend Website Facebook Commercial Other _____

JACK E. KIRKSEY ANNUAL MEMBERSHIP AGREEMENT

- The City of Livonia and the Jack E. Kirksey Recreation Center, its officials and representatives, either employed or voluntary, assume no responsibility whatever for any injury (by the participant/s) in the Kirksey Recreation Center activity. Further, to the best of my ability, I hereby certify that the foregoing is a true and complete disclosure of medical conditions, which could adversely impact others present at the Kirksey Recreation Center or be adversely impacted by the participation of those named above in activities at the Kirksey Recreation Center.
- I understand that participation in any activity and use of the equipment and facilities, within the Kirksey Recreation Center is at my sole discretion and judgment and is at my own risk. I will appropriately and safely limit my activities and those of my sponsored dependents, to take into account my/our physical condition limitations and skill level.
- I understand that this Annual Membership is for general, open use hours of the Kirksey Recreation Center only, and that there will be times when access to the Kirksey Recreation Center, or parts thereof, will not be available to annual members.
- There shall be no refunds, transfers, or prorations for Annual Membership purchases.
- I understand that all individuals listed above are accepted with the understanding that we agree to abide by the House Rules of the Kirksey Recreation Center available online at www.ci.livonia.mi.us or at the front desk. **(Member Initials Here)** _____ I acknowledge that any violation of the rules may result in expulsion from the Center and/or termination of this Membership Agreement without any refund.
- I certify that the information given on this application is true and correct.
- I grant permission to use photographs/video taken of me/my family for departmental advertisement use. **Please contact our office if you do not want photographs taken.**

Primary Member Signature _____ Date _____
 (Parent/Guardian Signature if under 18)