

RADFORD RECREATION CENTER MEMBERSHIP APPLICATION

This membership application must be completed and returned with proof of residency* and membership dues (for non-residents/non-taxpayers) to the Radford Recreation Center prior to use of facilities. No one will be allowed to use facilities without a complete membership application being on file and a valid identification card.

Name (please print) _____ Sex M F

Street Address _____

Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

Radford City Resident / Non-Resident (circle one)

Phone Number (H) _____ (W) _____ (C) _____

Email Address _____

Place of Employment/School _____

Are You A College Student? YES NO

(The Radford Recreation Department reserves the right to check with NRCC, Radford University, and Virginia Tech for status of enrollment.)

Date of Birth ____/____/____ Grade (if applicable) _____

Emergency Contact Name _____ Relationship _____ Phone _____

Have you had an ID with us before? Y N (circle one) If yes, please write ID# _____

Membership Expiration Date ____/____/____ Member ID# _____

I, the undersigned, have received a copy of the rules and regulations for the Radford Recreation Center. I agree to abide by these and any future rules and regulations, which may become effective. I also agree to discuss these with the above named person, if they are under the age of 18. I understand that membership may be revoked or suspended for failure to abide by the rules and regulations as outlined, or for giving falsified information. I authorize photos and other materials which may bear my likeness to be used for promotion and marketing purposes.

Signature

Date

Signature of Parent (if above is under 18)

Date

Proof of Residency – Must Provide Proof of City of Radford Residency