

Last Name First MI Type of Membership

DERBY VETERANS COMMUNITY CENTER
MEMBERSHIP APPLICATION

(Membership Fees Are Not Refundable)

Name: _____
(Last) (First) (MI)

(Home Address)

(City) (State) (Zip)

Birth Date: _____ 19____ () Male () Female

Home Phone _____ Work Phone _____

In case of Emergency, NOTIFY (Name) _____
(Phone) _____

Name	Date of Birth	Type
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

DVCC WAIVER OF LIABILITY FORM

I hereby waive any liability that the Derby Veterans Community Center (DVCC), its officers, directors, agents, or employees might have for, and agree that said DVCC, its officers, directors, agents, and employees shall not be liable for any bodily injury incurred while I am practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the DVCC, and I hereby assume the risk of any bodily injury by me while practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the DVCC.

Signature of Participant (if over 18 years of age)

Signature of Parent or Legal Guardian (if minor), on behalf of the minor, or if more than one are listed above, on behalf of each of them.

Payment Record

Check # _____ Date _____ Amount _____ Balance _____
Check # _____ Date _____ Amount _____ Balance _____
Check # _____ Date _____ Amount _____ Balance _____