



JACK E. KIRKSEY RECREATION CENTER



NAME: \_\_\_\_\_

MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY AND FILL OUT THIS FORM COMPLETELY)

Primary Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

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 and Relationship) (Contact Phone)

ADDITIONAL FAMILY MEMBERS NAME	BIRTHDATE	AGE	RELATIONSHIP TO PRIMARY MEMBER
<i>Family members must reside at the same address. Individuals ages 18+ must show proof of residency.</i>			
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_ Membership Type \_\_\_\_\_

Insurance Number \_\_\_\_\_ (if applicable) Membership Category:  Annual  10-Visit

How did you hear about us?  
 Past Member  Connections Magazine  Friend  Website  Facebook  Commercial  Other \_\_\_\_\_

JACK E. KIRKSEY 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 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 Memberships.
- 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 at [LivoniaParks.org](http://LivoniaParks.org) or at the front desk.  
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.

Primary Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature if 17 or younger)

NAME: \_\_\_\_\_

TODAY'S DATE	RENEWAL DATE EXPIRATION	MEMBERSHIP TYPE	TOTAL PAID	STAFF INITIALS

**Changes to Family Members on Membership**

**ADDITIONAL FAMILY MEMBERS NAME      BIRTHDATE      AGE      RELATIONSHIP TO PRIMARY MEMBER**

*Family members must reside at the same address. Individuals ages 18+ must show proof of residency.*


Staff Initials \_\_\_\_\_ Date of Change of Membership \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

**Have you changed your address or email?**

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

**Comments/Medical Conditions**

\_\_\_\_\_  
\_\_\_\_\_