



7500 Emerald Drive, Emerald Isle, NC 28594
Phone: 252-354-6350 Fax: 252-354-9019
www.emeraldisle-nc.org

MEMBERSHIP APPLICATION

Year _____
Member ID _____
Tax I.D. # _____
For office use only

Year _____
Member ID _____
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MEMBERSHIP FEES

Memberships based on calendar year
(January 1-December 31)

Taxpayer:

Individual \$100 Family \$150

Non-Taxpayer:

Individual \$300 Family \$450

Other:

Monthly \$35 Walkers Only Pass \$25

Tennis Only Pass \$20 (taxpayers only)

Make checks payable to: EIPRD

STAYING IN TOUCH WITH OUR MEMBERS

Are you interested in volunteering at EIPRD? Y/N _____

Please check the boxes below that correspond to your volunteering interests:

Athletics Arts Travel Dance Fishing Youth Prog. Special Events

May we contact you with updates about our programs and events? Y/N _____

Please check the boxes below that correspond to your participation interests:

Athletics Arts Travel Dance Fishing Youth Prog. Special Events

Name _____

Last 4 Digits of SSN _____ (This will be used to create your Member ID only. This will insure the same member ID year to year.)

Local Address (Street, Town, State, Zip) _____

Mailing Address (If different from above) _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email _____ Date of Birth ____/____/____

HEALTH INFORMATION

To promote total health and physical fitness, events of longer duration and lower intensity are strongly recommended. High intensity type activities are offered for the conditioned and well-trained athlete. The Emerald Isle Parks and Recreation Department is committed to creating a healthy and safe environment for all participants, staff, volunteers & spectators. We request that every participant consult a doctor in regards to preparation for, or participation in any activity.

List any specific medical conditions that you have: _____

List any medications to which you are allergic: _____

List other allergies: _____

Personal Physician: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

LIABILITY WAIVER

In consideration of being allowed to participate in any way in the Emerald Isle Parks and Recreation Department's athletics and/or related activities, the undersigned:

1. Agree prior to participating, each participant will inspect the facilities and equipment to be used. If they believe anything is unsafe, they will advise the supervisor on duty of such condition(s) and refuse to participate.
 2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or from the conditions of the premises or of the equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
 3. Assume all the foregoing risks and accept personal responsibility for the damages of equipment and self, following such injury, permanent disability or death.
 4. Release, waive, discharge and covenant not to sue the Emerald Isle Parks and Recreation Department, the Town of Emerald Isle, affiliated clubs, respective administrators, directors, agents, coaches, employees of the organization, participants, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are here and after referred to as "releases" from any and all liability to each including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the releases or otherwise.
- NO weapons of any kind permitted in facility.
 - Nobody under the age of 16 permitted in the weight room (even with parent). Nobody under the age of 12 permitted in facility without adult supervision.
 - Department representatives have complete authority to ask anyone to leave the premises at any time.
 - Members will be permitted to bring guests only if guest is from out of town. Duration not to exceed one week.

YEAR _____ SIGNATURE _____ DATE _____