

DAPHNE RECREATION DEPARTMENT – FITNESS CENTER REGISTRATION

Participant's Name _____ Birthday __/__/__ Age ____
(First) (Middle) (Last)

Mailing Address _____
(Street) (P.O. Box) (City) (State) (Zip)

Home Phone # _____ Work # _____ Cell # _____

Emergency Contact _____ **Phone#** _____
(Name) (Home)

Work Phone # _____ Cell phone # _____ Relationship _____

Allergies _____

Disabilities _____

Medications _____

Spouse if joining Name _____ Birthday __/__/__ Age ____
(First) (Middle) (Last)

Home Phone # _____ Work # _____ Cell # _____

Emergency Contact _____ **Phone#** _____
(Name) (Home)

Work Phone # _____ Cell phone # _____ Relationship _____

Allergies _____

Disabilities _____

Medications _____

For office Use only:

Type of membership: Single Family Senior Single Senior Family (husband & wife) Non-resident Date __/__/__

(Applicant's drivers license number)

(Spouse's drivers license number)

Payment \$ _____ Check # _____ Cash _____ Receipt # _____

