

Membership Waiver and Registration

The Harry L. Coomes Recreation Center, commonly referred to as the "Coomes Recreation Center" is designed as a service facility for the community. As such it will strive to provide a wholesome atmosphere where persons of all ages can meet, enjoy the benefits of physical fitness, leisure time activities, general group/individual exercise, and social and special event programs.

I, the person noted below, understand that participation at the Coomes Recreation Center and with activities sponsored by Abingdon Parks and Recreation is at my own risk. I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I understand that accident insurance, medical insurance and other coverages are not provided to participants, by the Town of Abingdon, The Harry L. Coomes Recreation Center and/or Parks and Recreation.

Unless I have set out in writing on the attached sheet entitled "Medical/Health Conditions" that I have existing medical conditions or health problems that may have an impact on my ability to participate in any physical activities at the Coomes Recreation Center, I hereby acknowledge that I am in good physical condition and suffer from no known medical conditions or health problems. I understand that if I do have a known medical condition or health problem that I will have to provide the Coomes Recreation Center with certification from my physician, satisfactory to the Center, that I am capable of participating in the physical activities without health risk to myself or others using the Coomes Recreation Center before I will be allowed to participate in the activities. I will notify the Coomes Center of any change in my condition.

I acknowledge that certain activities may pose a risk with persons who have existing medical conditions and such activities may compound a simple medical or health problem. I acknowledge that regular scheduled medical advice or examination, before heavy or extended physical fitness activities, is recommended. I understand the importance that I am in good physical condition when I agree to participate in the activity, and understand that is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I agree to follow all current and future regulations of the Coomes Recreation Center and Abingdon Parks and Recreation Department, that all fees and other due charges must be paid in full before participation and that no refunds are provided for my decision not to complete the class or program. The Coomes Center will, however, issue a credit for medical problems or illness which may prevent participation after registration for program(s) when accompanied by a medical doctor's statement.

Signature _____ Date _____
Parent/Guardians Signature for Minor _____
First _____ MI _____ Last _____
Address _____

Zip _____ City _____ State _____
Phone () _____ Birth Date ____ / ____ / ____
Work () _____ Sex M F
E-mail _____

Emergency Contact

Name _____ Day Phone () _____
Relation _____ Evening Phone () _____

(over)

MEDICAL/HEALTH CONDITIONS

- | | | |
|---|---|--|
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Dizzy Spells |
| <input type="checkbox"/> Other _____
_____ | | |
| <input type="checkbox"/> NONE | | |

Signature Date

Parent/Guardian Signature if Minor Date

Name	Birth Date	Relationship	Mem. No.
1			
2			
3			
4			
5			

Date	Cash	Check	CC	Amount	Description	Trans. No.

(over)