



# SHELBYVILLE RECREATION CENTER APPLICATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ EMERGENCY \_\_\_\_\_ E-MAIL \_\_\_\_\_

- Children 8 and under **MUST** be accompanied/supervised by a parent/responsible ADULT.
- Children 9-11 can be in activity areas participating as long as their parent/responsible adults is in the building.
- Children 12-17 can be in activity areas participating - not roaming or loitering.

TYPE OF PASS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

**COST OF PASS:** \_\_\_\_\_ per year. **STARTING DATE:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

\* Payment is due with the application form.

All rules and policies can be obtained at the Shelbyville Recreation Center.

\* All members must be listed at the time of application. \*

<u>ACCT. #</u>	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTHDATE</u>
_____ 1)	_____	_____	_____
_____ 2)	_____	_____	_____
_____ 3)	_____	_____	_____
_____ 4)	_____	_____	_____
_____ 5)	_____	_____	_____
_____ 6)	_____	_____	_____
_____ 7)	_____	_____	_____
_____ 8)	_____	_____	_____
_____ 9)	_____	_____	_____
_____ 10)	_____	_____	_____

**I agree to abide by the rules and policies set down by the Shelbyville Recreation Center. I understand that if violated, my pass may be subject to suspension. Rules and regulations may be subject to change by the Administration.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	
ENT #	_____
CASH	_____
CHECK	_____
VISA/MASTERCARD	_____