

# The CORE – Membership Enrollment Card

Participant Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ CellPhone \_\_\_\_\_  
Do you have a church home? \_\_\_\_\_ If so, where? \_\_\_\_\_  
For Emergency, please notify \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Special Medical Needs or Allergies/Current Medications \_\_\_\_\_

## Membership Type

\_\_\_\_\_ CORE Membership (JWBC Members or enrolled in ongoing Bible Study only)  
\_\_\_\_\_ WALKING TRACK Membership (Open to Community for walking club only)

### PAID Membership:

\_\_\_\_\_ INDIVIDUAL Membership (\$30 per quarter)  
\_\_\_\_\_ TWO PERSON Membership (In the same family \$50 per quarter)  
\_\_\_\_\_ FAMILY Membership (Entire family \$75 per quarter)

Children 12 and under are not considered members, and must always be accompanied by an adult. Please see the CORE Policy and Procedures brochure for guidelines.

*All members must complete a weight room/cardio room training session before using these facilities.*

### Waiver and Release-**MUST BE SIGNED BY ALL PARTIES RECEIVING MEMBERSHIP**

As a participant in any of the programs administered by the Jackson Way Baptist Church Center Of Recreation Evangelism, or CORE, I recognize that a fitness program and the use of the exercise equipment and other facilities provided by the CORE entail some risk of accidental injury.

In consideration of my participation at the Jackson Way Baptist Church CORE, I hereby covenant and agree to release, indemnify and hold harmless Jackson Way Baptist Church, its administrators, staff, employees, volunteers and agents from any and all losses, costs, claims, damages, injuries or liabilities, whatsoever, whether or not based on negligence, including strict liability, arising out of or in any way connected with my participation in the activities of the CORE or it's programs.

**I understand and acknowledge that by signing this document I agree for myself and my dependent children, if any, to the following terms, conditions and covenants**

- To abide by any and all rules and regulations now existing or to be instituted by the Recreation Ministry.
- To authorize any CORE staff member, if in their sole discretion it is necessary to administer first aid, contact my family physician, summon emergency medical care, or transport to a medical facility for treatment at my expense.

I have read and understand this document and agree to be bound by its terms.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(If under the age of 21 years, this form must also be signed by a parent or other legal guardian)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash/Check Date: \_\_\_\_\_