



## MEMBERSHIP/INFORMATION FORM

93 Leddy Street, Buffalo, New York 14210

Phone: 716-823-4707

- VCA Memberships are good for one calendar year
- All forms must have signature at bottom

<b>MEMBERSHIP APPLYING FOR:</b>	<input type="checkbox"/> Youth	\$10.00	16 years and under
	<input type="checkbox"/> Individual	\$10.00	Ages 17-54
	<input type="checkbox"/> Senior	\$ 5.00	Ages 55 and up
	<input type="checkbox"/> Family	\$25.00	Parents & Children same household

### MEMBER INFORMATION – INDIVIDUAL, SENIOR OR YOUTH

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

### FOR YOUTH MEMBERSHIPS – ALSO COMPLETE THIS SECTION

Parent Name: Mother \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Father \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone: \_\_\_\_\_ School: \_\_\_\_\_

### MEMBERSHIP INFORMATION -- FAMILY

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

**Children:**

(Circle One)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male or Female  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male or Female  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male or Female  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male or Female

In consideration of my/my children(s) participation in programs at the Valley Center, the undersigned hereby agrees not to sue, and hereby releases the Valley Center, their employees and volunteers from all liability for any damage or injury to me/my child(ren) or to property, sustained by me/my child(ren) caused by or resulting from any causes whatsoever. I also acknowledge that I assume all risk of injury from such participation in activities at the facility or other program site. By signing this release, I swear that I am/my child(ren) is/are in good physical condition and that I am not aware of any limiting physical condition or disability that would preclude me/their participation in the intended use of the facility or program by me/my child(ren).

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_