

MEMBERSHIP/INFORMATION FORM

93 Leddy Street, Buffalo, New York 14210 Phone: 716-823-4707

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

MEMBERSHIP APPLYING FOR:	() Youth \$10.00 () Individual \$10.00 () Senior \$ 5.00 () Family \$25.00	16 years and under Ages 17-54 Ages 55 and up Parents & Children	same household
MEMBER INFORMATION - INDIVIDUAL, SENIOR OR YOUTH			
First NameLast Name			
Street Address			
State Zip	Phone	Date o	f Birth
Occupation Email Address			
FOR YOUTH MEMBERSHIPS – ALSO COMPLETE THIS SECTION			
Parent Name: Mother	Work Phone		
Father		Work Phone	
Emergency Contact			
Phone:S	School:		
MEMBERSHIP INFORMATION FAMILY			
First Name Last Name			
Street Address			
City	State	Zip_	
Home Phone D	Date of Birth	Occupation	
Spouse Phone D	Date of Birth	Occupation	
Children: Name	Date of Birt	h	(<u>Circle One)</u> Male or Female
Name		h	
Name	D ((D)	h	
Name		h	
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). Date: Date:			
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