



JIMMY FLOYD FAMILY CENTER MEMBERSHIP APPLICATION



DATE: _____

PRIMARY MEMBER *PLEASE PRINT*

Scan Card #: _____

APPROVED BY: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE: _____ GENDER: _____

DATE OF BIRTH: _____

EMERGENCY PHONE: _____ CONTACT NAME: _____



EMAIL ADDRESS: _____



ADDITIONAL MEMBERS

*Family membership rates are based on a family of 4; additional fees apply for families of 5 or more.

	NAME	D.O.B.	AGE	RELATIONSHIP	SCAN CARD #
1					
2					
3					
4					
5					
6					
7					

MEMBERSHIP TYPE

START DATE: _____ END DATE: _____

1 YEAR RESIDENT

6 MNTH RESIDENT

4 MNTH RESIDENT

1 YEAR NON-RESIDENT

6 MNTH NON-RESIDENT

4 MNTH NON RESIDENT

TRACK RESIDENT

TRACK NON-RESIDENT

PAYMENT IN FULL \$ _____

CASH/CHECK

CREDIT CARD

PLEASE READ AND SIGN BELOW

****A family is defined as a husband, wife or legal spouse, child, step- child, or foster child (children 18 years and younger) who are residents of your household. Ages 19-21 and living at the same address must show school/college identification to be included on membership.**

****Children 14 years and younger must be accompanied by an adult 18 years or older.**

The undersigned fully understand and agree that in participating in one or more of the activities or using the facilities that shall be maintained by the Jimmy Floyd Family Center, there is the possibility of accidental or other physical injury. The undersigned further agrees to assume the risk of such injury and further agrees to hold harmless the Jimmy Floyd Family Center, the City of Lebanon, its agents, representatives, successors in interest, employees and assigns by either the undersigned or third parties as a result of the use by the undersigned of the facilities and instruction as offered by the Jimmy Floyd Family Center.

As a condition for acceptance of this agreement/application for membership in the Floyd Family Life Center, the undersigned agrees and promises on behalf of himself and his family members to abide by the safety and other conduct rules of the Center activities. The undersigned acknowledges that he understands that his or his family member's violation of the Center rules, and/or abusive or disruptive behavior toward staff or other patrons may result in the participant being asked to leave the facility. It is further understood and hereby acknowledged that repeat violations can result revocation of membership in the Jimmy Floyd Family Center and cancellation of all Center privileges.

NOTICE TO THE APPLICANT: DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ IT COMPLETELY. YOU ARE ENTITLED TO A COPY OF THE CONTRACT YOU SIGN.

SIGNATURE: _____ DATE: _____



JFFFC

JIMMY FLOYD FAMILY CENTER

511 N CASTLE HEIGHTS AVE LEBANON, TN 37087 615/453-4545
<https://www.lebanontn.org/226/Jimmy-Floyd-Center>