

FAMILY LIFE CENTER Membership Enrollment Form

Barcode #

Spouse Barcode #

Members	ship <i>(Circle One</i>	;) F	amily	Single	Aeı	robics Only
Primary Member Name				D	OB _	/
Spouse Name				DOB	/_	/
Family Info	ormation – Child	dren liv	ving in y	our home (a	abov	e 7 th Grade):
Name		Date	e of Birt	h		Assigned Barcode
		/_	/			
		/_	/			
		/_	/			
		/_	/			
Address						
City			_ State		Z	<u>'ip</u>
Home #	Cell #			Work #	#	
Marital Status (Circle One)	Married	Sing	gle	Widowed		Formerly Married
Emergency Contact				Phone	#	
Important Medical Info						
Email Address						
Church You Attend		Mer	mber: Y	ES NO		
l,	agents, agencion or any of the	es, seem from from from from from from from fro	ervants, m any a suits and elf or the ctivities, Calvary freely,	and emplo and all clain d/or claims e minors the not resulting Baptist Chu and that C	oyees ms o s fror at I li ng fro urch. Calva	s, and all persons or causes of action or causes of action or any bodily injurie isted above, while pom the intentional of the control of the
Signed		Date				
FLC Staff		Date entered				