



calvaryflc
FAMILY LIFE CENTER
Membership Enrollment Form

Barcode # _____ Spouse Barcode # _____

Membership (Circle One) Family Single Aerobics Only

Primary Member Name _____ DOB ____/____/____

Spouse Name _____ DOB ____/____/____

Family Information - **Children living in your home** (above 7th Grade):

Name	Date of Birth	Assigned Barcode #
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

Marital Status (Circle One) Married Single Widowed Formerly Married

Emergency Contact _____ Phone # _____

Important Medical Info _____

Email Address _____

Church You Attend _____ Member: YES NO

I, _____, do hereby release, acquit, hold harmless, and forever discharge Calvary Baptist Church, its agents, agencies, servants, and employees, and all persons, natural or corporate, in privity with them or any of them from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims from any bodily injuries, death, or property damage which may be sustained by myself or the minors that I listed above, while participating in any activity, including travel to and from such activities, not resulting from the intentional tortuous act or acts or any agent, servant, or employee of Calvary Baptist Church. It is acknowledged that the decision to engage in exercise in entered into freely, and that Calvary Baptist Church, its agents, agencies, servants, and employees have not influenced the decision to engage in such activities.

Signed _____ Date _____

FLC Staff _____ Date entered _____