

## BRUNSWICK PARKS AND RECREATION DEPARTMENT MEMBER FORM

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			s from the Parks and Recreat	cion Department)	
ult- First and Last Name:					
dress:					
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th Date:/I nail	Home Phone:	W	/ork/cell:		
(email	address is only used	for communications	s from the Parks and Recreat	cion Department)	
ditional Household Members FIRST	MI	LAST	D.O.B.	GENDER	GRADE
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<b>#1</b>			<u> </u>		
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Emergency contact:		Relation	ship	Phone:	
mergency contact:		Relationship		Phone:	
BRUNSWICK PARKS AND RECR photograph or film myself or r other correspondence, such a and Recreation Department. I I HAVE READ THIS RELEASE A	my child(ren) for the s brochures, flyers, f you agree, please	e use of promotional social media or any o sign below:	materials that may or may r	not be aired on Brunsw med appropriate by th	ick TV3 or used e Brunswick Par
Signature		Date	Signature		Date
HAVE READ THIS RELEASE AN	D DELCINE PERMISS	SION FOR PHOTO US	<u> </u>		
				FOR OFFICE USE ONLY	
Signature	[	Date	Household#		
			Membership Type		
			Date of Application		