



200 W 3rd Street, Alton, IL 62002
(618) 465-9850 ext 212
FAX (618) 465-9851
www.Riverbender.com/CommunityCenter

MEMBERSHIP APPLICATION

1st Child _____ Male Female

School _____ Grade _____ Date of Birth _____ / _____ / _____

Email _____ Cell Phone _____

2nd Child _____ Male Female

School _____ Grade _____ Date of Birth _____ / _____ / _____

Email _____ Cell Phone _____

3rd Child _____ Male Female

School _____ Grade _____ Date of Birth _____ / _____ / _____

Email _____ Cell Phone _____

4th Child _____ Male Female

School _____ Grade _____ Date of Birth _____ / _____ / _____

Email _____ Cell Phone _____

PARENT/GUARDIAN INFORMATION

1st Parent _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Email _____

2nd Parent _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Email _____

EMERGENCY CONTACT INFORMATION

(other than parent/guardian)

Name _____ Relation _____ Phone _____

Is participant taking or on any medication or have any allergies? No Yes *If "Yes" please list*

Please list any special needs, health concerns, or suggestion to assist program staff with your child:

WAIVER AND RELEASE

I, the below signed, agree to indemnify and hold the Riverbender.Com Community Center harmless and hereby waive, release and discharge all claims for loss or damage, death, personal injury or property damage which herein after may accrue to me against Riverbender.Com, its employees and volunteers, for any liability arising out of, or connected in any way, with participation at the Riverbender.Com Community Center. I understand that accidents and injuries can arise from participation in community center activities, I recognize the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and hold harmless all persons or entities who (through negligence or carelessness) might otherwise be liable for damages or injury. By my signature below, I acknowledge that I have read this document and understand its contents. It is expressly understood, agreed to, and consent is hereby provided on behalf of myself and the above mentioned minor child, that said child(ren) is subject to videotaping, photography, and other forms of monitoring of activity and behavior (including internet usage, facility usage, as well as conduct), and that I agree to allow videotaping, photography, and monitoring of my child's behavior and activity, and grant permission to Riverbender.com Community Center (RBCC) to use said images, data, photographs, video, and my child's likeness and image for any and all purposes, including for reporting to parents, law enforcement, RBCC business purposes (such as brochures and promotional materials), and other lawful or legitimate purposes, but not for sale or general commercial purposes.

Parent/Guardian Signature _____ Date _____

CODE OF CONDUCT AGREEMENT

Failure to comply with Code of Conduct Policies will result in temporary or permanent suspension/dismissal from Riverbender.com Community Center activities or programs in accordance with our discipline policy. Membership Card, also referred to as the "keytag," must be brought with Member on every visit. Replacement Membership Cards are \$5.00 each. Members need to bring school identification cards with them on every visit as well.

I hereby agree to abide by these rules/regulations/policies set forth with a full understanding that if I am found in violation, I will be subject to disciplinary actions defined in the Code of Conduct up to and including permanent dismissal from the Center's activities. It is further agreed that this document constitutes my agreement with the Riverbender.com Community Center, its agents and representatives. The consideration for this agreement is the privilege of admission to the Center, and other valuable consideration, the sufficiency of which is hereby acknowledged.

Member 1 Signature _____ Date _____

Member 2 Signature _____ Date _____

Member 3 Signature _____ Date _____

Member 4 Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY PLEASE

\$40 Individual Membership \$60 Family Membership (2 – 4 siblings in one household)
Payment Cash Check # _____ CC via _____