



CALVIN A. PERRY COMMUNITY CENTER Walker Annual Membership Form

By becoming a member of the Calvin A Perry Community Center Walking Center, you agree to abide by the conditions noted on the back of this membership form. Please read carefully so you are aware of these conditions, not only for you, but for fellow walkers. Membership renewal is beginning of each year.

Please Print Legibly

Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Other Phone _____

Email address _____ I have been a member since _____

FEE includes Ky Sales Tax : _____ Senior (65 or older) - \$15.90 _____ All Other Members - \$26.50

Do you have any medical conditions we should be aware?

Emergency Contact _____ Phone _____

Doctor Info _____ Phone _____

Any suggestions for new activities or events? _____



I, _____, agree to abide by all policies and regulations of the Calvin A. Perry Community Center. I assume all risk and responsibility as I involve myself in activities at the Calvin A. Perry Community Center. I release and discharge the City of Alexandria, staff, and representatives from all liability of any kind. In the event of an accident, I grant permission to administer necessary first aid, call emergency contact and/or arrange for transportation to a medical facility.

Date _____ Signature _____

~For Office Use Only~

Amount paid \$ _____ Cash Check Charge _____ Year Joined _____

Received by _____ Date paid _____