

CUSTOMER INFORMATION

FAMILY NAME: _____

NAME: _____ D.O.B. ____/____/____ MALE FEMALE

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Resident*

Non-Resident

*(Must show proof: Drivers License + utility bill/voter registration card)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE (cell): _____

OPTIONAL SECONDARY PHONE (home): _____

EMAIL: _____

Would you like to be added to our e-mail list & receive updates about fun activities/events in the neighborhood? YES NO

Are there any health conditions you would like the staff to be made aware of?

NO YES _____

Anderson Mill Limited District, it's officers and employees, are not responsible financially or otherwise for any injury or loss of property that takes place in our facilities or during our programs. There is no refund for memberships and there is a \$20 processing fee for all activity refunds. In case of emergency my child may be treated by a qualified first responder and/or a physician/EMS member. Agreement to this waiver will apply to all current and future memberships and registrations purchased at the Anderson Mill Limited District.



**Anderson Mill
Limited District**

Signature: _____

Date Submitted: _____

Employee Initials: _____