



330-345-4700

## MEMBERSHIP APPLICATION

### Membership Information:

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Membership Type:

Public          Non-Public          WCS Staff  
Family          Adult          Senior          Student

### Member Name:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Date of Birth:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I, the named adult participant, the parent/legal guardian of the named child on this form, do hereby assume all risks and hazards incidental to my or my child's use of equipment and facilities of the Wooster City School District, and I do hereby agree to waive, release, and hold harmless the Wooster City School District, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind, resulting from my or my child's use of equipment and facilities of the Wooster City School District. This release includes a release for any and all losses or injuries arising out of any act of omission or negligence, either active or passive of the Wooster City School District, its employees, officers, agents, volunteers, and elected officials. This release is given and signed of my own free act and will.

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_