



Pelican Community Park Community Center Membership Application Form

Cultural & Community Services Department
18115 North Bay Road, Sunny Isles Beach, FL 33160

305.792.1706 (p)
305.792.1566 (f)
www.sibfl.net

1) RESPONSIBLE PARTY (Must be 18 years of age or older)

Email: _____

Full Name: _____
First M.I. Last Date of Birth

Address: _____
Street Address City State Zip

Telephone: _____
Home Work Cell

Physician's Name & Phone Number: _____

2) SECONDARY PARTY

Email: _____

Full Name: _____
First M.I. Last Date of Birth

Address: _____
Street Address City State Zip

Telephone: _____
Home Work Cell

Physician's Name & Phone Number: _____

3) CHILDREN'S INFORMATION

FULL NAME: _____
First M.I. Last Date of Birth Gender

Any Medical History: _____

FULL NAME: _____
First M.I. Last Date of Birth Gender

Any Medical History: _____

FULL NAME: _____
First M.I. Last Date of Birth Gender

Any Medical History: _____

FULL NAME: _____
First M.I. Last Date of Birth Gender

Any Medical History: _____

4) INDIVIDUALS AUTHORIZED TO PICK UP CHILD(REN)

NAME: _____

RELATIONSHIP: _____

NAME: _____

RELATIONSHIP: _____

NAME: _____

RELATIONSHIP: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

5) WAIVER

I hereby voluntarily assume the risk of any loss, injury, or damage to myself, my child, or my property which in any way arises out of use of such facilities, premises or equipment or participation in such activities or event, which said loss, injury or damage, is sustained while upon said facilities or premises, using such equipment, participating in said events or activities or being transported therefrom or thereto. Further, I do hereby waive any claim against the City of Sunny Isles Beach ("City") and its agents, officials, and employees, arising from said loss, injury, or damage and do covenant not to sue the City or its agents, officials, and employees, thereon, regardless of whether such loss, injury or damage is caused in whole or part by the negligence of the City or by the negligence of its agents, officials, or employees of the City. I also give permission to the City to call for medical emergency, medical service technician response or for transportation to a hospital, in the event of any injury or illness to myself or my child; although I understand that the City assumes no responsibility to do so. I also give permission to the City to use and display any photographs taken of me and/or my child, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City.

READ, UNDERSTOOD, AND AGREED TO this _____ day of _____ 2015

Responsible Party Signature _____

6) MEMBERSHIP PRICES***

	Resident Fee		Non-Resident Fee	
	12-month	6-month**	12-month	6-month**
Family (parents/children in the same household, up to 6 total)	\$200	\$150.00	\$300	\$225.00
Adult (individual) - 18 years of age or older	\$100	\$75.00	\$150	\$115.00
Child (individual) - under the age of 18	\$50	\$35.00	\$75	\$55.00
Senior (individual) - over 65	\$75	\$55.00	\$100	\$75.00
Student* (individual)	\$75	\$55.00	\$100	\$75.00

These rates are for 12-month and 6-month membership.

* Students must be enrolled in an undergraduate or graduate program, and must present a valid student ID at the time of registration.

** 6-month memberships CANNOT be extended at the time of expiration into a 12-month membership for a pro-rated fee. The membership can only be renewed for either the full 6-month fee or full 12-month fee.

***Membership prices are subject to tax.

FOR OFFICE USE ONLY

Membership Category _____ Membership Rate _____

Residency Verified Payment Amount _____

Photo ID Verified Form of Payment Check VISA/MC Cash
circle one

Member ID Issued Rules & Regs Issued