



# 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](http://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

Any Medical History: \_\_\_\_\_

## 2) SECONDARY PARTY

Full Name: \_\_\_\_\_  
First M.I. Last Date of Birth

Telephone: \_\_\_\_\_  
Home Work Cell

Any Medical History: \_\_\_\_\_

## 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) EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN 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 on (date): \_\_\_\_\_  
Month/Date/Year

Responsible Party Signature \_\_\_\_\_

**6) MEMBERSHIP PRICES\*\*\***

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