ACCESS APPLICATION

JAMES RIVER COMMUNITY CENTER

ADA Accommodations needed check here

Date: _____ **Locality of Residence:** **JCC** **WMSBG** **York** **Other**

Applicant's Name: _____ **Date of Birth:** _____
Last First MI

Street Address: _____ **City:** _____

State: _____ **Zip:** _____ **E-mail:** _____

Phone: ***Emergency Contact:***

(H) _____ **(W)** _____ **(Name)** _____ **(Phone)** _____

(Complete only if spouse is also applying for a pass)

Spouse's Name: _____ **Date of Birth:** _____
Last First MI

Phone:

(W) _____ ***Emergency Contact:*** **(Name)** _____ **(Phone)** _____

(Complete only if applicant is under 18)

Parent or Guardian's Name: _____
Last First MI

Phone:

(W) _____ ***Emergency Contact:*** **(Name)** _____ **(Phone)** _____

****Children as Members: (*Note: List only those between the ages of 5 and 17)***

Name: _____ **Date of Birth:** _____ **Barcode#** _____

Name: _____ **Date of Birth:** _____ **Barcode#** _____

Name: _____ **Date of Birth:** _____ **Barcode#** _____

Name: _____ **Date of Birth:** _____ **Barcode#** _____

ACCESS TYPE(S):

Adult (0215/0243) **Senior (0223/0249)** **Youth (0226/0252)** **Family (0220/0246)**
Corporate (0218/0277/0255) ***Daily Access:*** **Resident (0256)** **Non-Resident (0227)**

DURATION:

6 Month **12 Month** ***Daily Access:*** **24 Month (RES)** **12 Month (NR)**

Pass Guidelines and Refund Policy

Pass(es) is/are personal to the patron(s) listed above. It/they cannot be reassigned or transferred. Six month pass holders wishing to upgrade must renew by the expiration date to qualify for the program. Patron(s) agree to abide by all Center rules and regulations. James City/Williamsburg and James River Community Centers reserve the right to revoke access from patrons abusing rules, regulations and facilities. Access may only be canceled with written medical proof of injury, illness or disability, or relocation to a new permanent location beyond a 35-mile radius. (Note: Refund requests will be subject to a 10% administrative fee unless otherwise approved by Community Center Administrator.)

Durable Assumption of Risk and Release Agreement

In agreeing to use the James City/Williamsburg and/or James River Community Centers as a pass holder, visitor or licensee, I affirm that my general health is good and that I am not adversely affected by exercise, and that I am capable of engaging in activities of a vigorous nature. In the event my good health or condition should change, I will refrain from engaging in potentially hazardous activities. I am aware of the possibility of accidental or other physical injury during the use of center facilities and/or participation in programs conducted at the Community Centers by James City County, the City of Williamsburg and cosponsored programs with other agencies.

In consideration for using the James City/Williamsburg and/or James River Community Centers or participating in a sponsored activity, I do hereby hold harmless from any and all liability, actions, causes of action, claims and demand of every kind and nature whatsoever which I now have or which may arise of or in connection with my participation in activities or use of facilities at the James City/Williamsburg and/or James River Community Centers, their employees and staff. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family, including any minors.

I have read this Agreement and understand the activity in which I will be engaged. This Agreement constitutes an assumption of risk and release for any injury, damage, claim or liability which occurs prior to delivery of written notice to the James City County Division of Parks and Recreation Director canceling this Agreement. I have agreed to the conditions stated above.

_____ _____

Applicant's Signature ***Spouse's Signature***

(If under 18, parent or guardian must sign.) ***(Applicable if spouse is also receiving a pass.)***

Please note any physical limitations, medications or contraindications, such as heart condition, high blood pressure, diabetes, etc. that would limit your participation in any physical activity

_____

FOR OFFICE USE ONLY

Applicant's Name: Last First MI **HH #**

J **W** **Y** **NR** **Proof of Residence:** Applicant Spouse

Access Type: Applicant **Barcode #** **Start** **End**

Access Type: Spouse **Barcode #** **Start** **End**

Amount Paid: **PAYMENT** **CASH** **CHECK (#** _____ **CREDIT CARD** **PAY DED** **OTHER** _____

Staff Initials: