



# Family Membership Application

Hornet Park Community Center  
 Hornet Park Fitness Center  
 5245 Hornet Avenue  
 Beech Grove, IN 46107  
 317-803-9085

Family Member # \_\_\_\_\_

Primary Applicant Information:			Date
Last Name:	First Name:	MI:	Date of Birth:
Address:			
City:	State	Zip:	
Primary Telephone:	Email:		
Emergency Contact Name & Phone Number:			
Family Membership Information:			
Name: _____	Relationship _____	DOB _____	M/F
Name: _____	Relationship _____	DOB _____	M/F
Name: _____	Relationship _____	DOB _____	M/F
Name: _____	Relationship _____	DOB _____	M/F
Name: _____	Relationship _____	DOB _____	M/F
Name: _____	Relationship _____	DOB _____	M/F
Name: _____	Relationship _____	DOB _____	M/F
Name: _____	Relationship _____	DOB _____	M/F

By signing this member enrollment form, I agree that I, and anyone listed as a part of this unit, will abide by the Hornet Park Community Center and Beech Grove Parks Department's Policies and Code of Conduct, which were given to me upon submission of this application.

I understand that activities at the Hornet Park Fitness Center have inherent risks and I do hereby assume all risks and hazards incident to my participation in all HPFC activities. I, for myself, executors, administrators, and heirs release Beech Grove Parks Department, their officers, representatives, instructors and officials from all claims or demands resulting from any and all injuries sustained while participating in activities or attending the fitness center at the Hornet Park Community Center.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Primary Account Holder)