



MEMBERSHIP APPLICATION
 SYLVESTER POWELL, JR. COMMUNITY CENTER
 6200 Martway • Mission, Kansas 66202
 913-722-8200 • www.sylvesterpowell.com



APPLICANT NAME _____ D.O.B. _____
PLEASE PRINT

ADDRESS _____ CITY/STATE/ZIP _____
PLEASE PRINT PLEASE PRINT

PHONE (H) _____ PHONE (W) _____ PHONE (C) _____

EMAIL _____ Primary Master Pass #: _____

EMERGENCY CONTACT:

Name: _____ Relation: _____ Contact #: _____

*All Personal information is confidential and is not shared with other agencies. Residency identification (current utility bill) or business employment verification required at time of registration.

TYPE OF MEMBERSHIP: (please check box) **ANNUAL** **1 MONTH** **PREMIUM**

Mission Resident: youth individual senior senior couple adult family

Mission Business: youth individual senior senior couple adult family

Business Name: _____

Non-Mission: youth individual senior senior couple adult family

ADDITIONAL MEMBER INFORMATION:

Name	Master Pass #	Date of Birth	Name	Master Pass #	Date of Birth
Name	Master Pass #	Date of Birth	Name	Master Pass #	Date of Birth
Name	Master Pass #	Date of Birth	Name	Master Pass #	Date of Birth

The undersigned, as a participant, parent/guardian or designee of the above named participants of the Mission Parks & Recreation Department do understand that in consideration of the City of Mission, Kansas I (we) hereby release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participation in any activity sponsored by the Mission Parks & Recreation Department as no insurance is provided. I (we) recognize and understand that participation require that all participants be in good health. I (we) declare that all participants are in good health. If a participant is a minor, consent is given for participation in all activities and for any necessary first aid or medical treatment. By signing this document I (we) signify we have read all policies pertaining to participation and agree to abide by such policies. **I (we) understand memberships are offered on an annual or 1-month basis only.**

SIGNATURE _____ **DATE** _____

OFFICE USE: \$ _____
Paid in Full Membership Bank Daft membership Family/Individual Groups

_____ Start/Expiration Date Start/Expiration Date Proof of Residency/Employment

\$ _____
Amount Paid

Staff Initials