

SHAC MEMBERSHIP APPLICATION

Shenandoah Health & Action Club
mailing address (PO Box 925)
9595 Congress Street, New Market, VA 22844
Contact: Lisa N. 335-2302, 740-4333

Name: _____ Date: _____

Mailing address: _____
Street

Town State Zip

Phone Number: () _____ Date of Birth: _____

Member must be 18 years of age (Anyone under 18 must be accompanied by an adult)

Emergency Contact:

Name: _____ Phone Number: () _____
Parent / Guardian / Care-Giver (Circle One)

Mailing address: _____
Street

Town State Zip

Member's Transportation to and from SHAC will usually be:

Name: _____ Phone Number: () _____

List any Allergies or Physical limitations: _____

List Interests and Hobbies: _____

Can you follow the "Rules of Conduct" safely and independently? Yes _____ or No _____
If not, who will be assisting you?

Name: _____ Phone Number: () _____

In participating in the SHAC program, I accept responsibility for, and assume risk of any and all damages to my person which may arise directly or indirectly as a result of my participation in the program. I agree to hold the SHAC volunteers, instructors and site free and blameless from any liability. I have read or have had the club policies and rules of conduct read to me and I accept full responsibility for my participation.

Removed

Removed

~~Signature~~

~~Date~~

Removed

~~Signature of responsible party~~

~~Date~~

Official Membership Date: _____