



MEMBERSHIP FORM – SUMMER

EMPLOYEE/STUDENT/COMMUNITY RESIDENTS

Eagle ID _____ - _____

Name: _____

Address: (# and Street) _____

City, State: _____ Zip: _____

Phone # including Area Code: (_____) _____

Email Address: _____

MEMBERSHIP

Please check off which type(s) of membership you are purchasing:

- | | |
|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Employee Individual | <input type="checkbox"/> Student Individual |
| <input type="checkbox"/> Employee Family | <input type="checkbox"/> Student Family |
| <input type="checkbox"/> Employee Spouse | <input type="checkbox"/> Student Spouse |
| <input type="checkbox"/> Community Individual | <input type="checkbox"/> Senior Individual |
| <input type="checkbox"/> Community Family | <input type="checkbox"/> Senior Spouse |
| <input type="checkbox"/> Caretaker/Babysitter | <input type="checkbox"/> Senior Family |

SPOUSE/CHILDREN'S NAMES

AGE

EAGLE ID

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COST OF MEMBERSHIP:

Total Program Cost (see other form) = \$ _____

+ Membership Fee = \$ _____

+ Women's Lockers # _____ = \$ _____

+ Men's Lockers # _____ = \$ _____

TOTAL COST

= \$ _____

PAYMENT:

Please select a method of payment. Make checks out to **BCAD**.

- | | |
|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Check No. _____ | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |

Cardholder's Name _____

16 Digit Card Number _____

Exp. Date _____

Adult Agreement:

I, the undersigned, release, hold harmless and agree to indemnify Trustees of Boston College and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Youth Agreement:

I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to his or her participation in the program identified above. I, as the parent of the participant and on behalf of the participant, release, hold harmless and agree to indemnify Trustees of Boston College and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the Participant may be liable to any other person, related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Name (Print): _____

Relation: _____

Signature: _____

Date: _____

MAIL TO: Boston College Flynn Complex
Member Services
140 Commonwealth Ave.
Chestnut Hill, MA 02467

FAX TO: 617-552-1886

OFFICE USE ONLY

Entered into system by: _____

Date: _____