



# ANDREA MCCOY RECREATION CENTER

## Membership Registration Form



MEMBERSHIP REGISTRATION			
<input type="checkbox"/> McCoy Rec Center 5-yr: FREE to New Bedford Residents <input type="checkbox"/> McCoy Rec Center 1-yr: Non-Residents pay a \$15/Annual Fee			
PRIMARY ADULT MEMBER: MUST BE 18 YRS OLD OR OLDER			
First Name:	Last Name:	Gender:	Birth Date: MM/DD/YYYY
Address (Number & Street):		Apt/Unit	City:
State	Zip Code:	Primary Phone:	Secondary Phone:
Email Address (*required) for Account Username:			
Allergies/Physical Needs:		Name Of Emergency Contact & Phone:	
SECONDARY ADULT MEMBER: MUST BE 18 YRS OLD OR OLDER			
First Name:	Last Name:	Gender:	Birth Date: MM/DD/YYYY
Address (Number & Street):		Apt/Unit	City:
State	Zip Code:	Primary Phone	Secondary Phone:
Email Address (*required) for Account Username:			
Allergies/Physical Needs:		Name Of Emergency Contact & Phone:	
ADDITIONAL MEMBER (CHILD) INFORMATION			
Child's First Name:	Last Name:	Gender:	Birth Date: MM/DD/YYYY
School Name:		Grade:	
Allergies/Physical Needs:			
Name Of Emergency Contact:		Phone:	
ADDITIONAL MEMBER (CHILD) INFORMATION			
Child's First Name:	Last Name:	Gender:	Birth Date: MM/DD/YYYY
School Name:		Grade:	
Allergies/Physical Needs:			
Name Of Emergency Contact:		Phone:	



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**ADDITIONAL ADULT MEMBER: MUST BE 18 YRS OLD OR OLDER**

First Name:	Last Name:	Gender:	Birth Date: MM/DD/YYYY
Address (Number & Street):		Apt/Unit	City:
State	Zip Code:	Primary Phone	Secondary Phone:
Email Address (*required) for Account Username:			
Allergies/Physical Needs:		Name Of Emergency Contact & Phone	

**ADDITIONAL ADULT MEMBER: MUST BE 18 YRS OLD OR OLDER**

First Name:	Last Name:	Gender:	Birth Date: MM/DD/YYYY
Address (Number & Street):		Apt/Unit	City:
State	Zip Code:	Primary Phone	Secondary Phone:
Email Address (*required) for Account Username:			
Allergies/Physical Needs:		Name Of Emergency Contact & Phone	

**ADDITIONAL MEMBER (CHILD) INFORMATION**

Child's First Name:	Last Name:	Gender:	Birth Date: MM/DD/YYYY
School Name:		Grade:	
Allergies/Physical Needs:			
Name Of Emergency Contact:		Phone:	

**ADDITIONAL MEMBER (CHILD) INFORMATION**

Child's First Name:	Last Name:	Gender:	Birth Date: MM/DD/YYYY
School Name:		Grade:	
Allergies/Physical Needs:			
Name Of Emergency Contact:		Phone:	



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We ask that all participants respect the staff, other participants, age requirements for open gym time, and our equipment. Facility policies and rules are not limited to what is displayed and may be amended at any time without notice. AMRC staff have the final say concerning safety & security.

**Program Registration: Participants must be active members at the time of registration and throughout the session (including walk-ins).**

- Participants must meet age or grade prerequisites by the first day of the program in which they are enrolled.
- The AMRC reserves the right to cancel or consolidate any class due to insufficient enrollment at any time.
- If a program is cancelled due to low enrollment, participants will receive a credit which will expire 1-year from the cancellation date.
- Admittance, Membership Cards, and Participation: Access to the AMRC is limited to members only.
- Checking-In: All participants including Walk-Ins must have an active membership card and scan-in at the welcome desk on each visit.
- Parents/guardians are responsible to ensure your child has their membership card. Cards are not transferable to any other individual.
- If a scan card is forgotten or lost, check in at the welcome desk. If it is not found, a new replacement card must be purchased.
- The AMRC reserves the right to change schedules without notice due to programs, events, or facility rentals.
- The AMRC Open Gym is not a day care or babysitting service. Any child aged 12 or younger should be supervised.
- Please arrive at your child's program end time to avoid late pick up fees

**Code of Conduct for All Participants:** We promote positive actions in the areas of behavior, physical contact, language & gestures, conversation, and attire. Membership privileges may be suspended or terminated for violations of our Code of Conduct. If an individual's membership is terminated, they will not be eligible to reapply for membership until 1-year has passed from the termination date. The following will not be tolerated:

1. Using or possessing illegal drugs, tobacco, or alcohol on AMRC property, or at AMRC sponsored programs or events.
2. Harassment or intimidation by words, gestures, body language or any type of menacing behavior.
3. Physical contact with another person in an angry, aggressive threatening or inappropriate way.
4. Verbally abusive behavior, including angry, vulgar, offensive language, swearing or shouting.
5. Inappropriate clothing is not allowed. Shirts and athletic footwear must always be worn. Boots are not allowed in the gym.
6. Patrons with poor hygiene or excessive body odor will be asked to leave the facility until the problem is corrected.
7. Theft or behavior that results in the destruction or loss of property (restitution for damages may be required).
8. Loitering in the main lobby, stairwells, or front entrance stairs.
9. Failure to exit the gym or other areas of the facility in a timely manner.
10. Trespassing or entering the facility through emergency exits or other illegal means.

**REFUND POLICY:** No Refunds will be given for any reason. This includes missed classes due to personal reasons or weather emergencies. Program Cancellation: The AMRC reserves the right to cancel any program due to insufficient enrollment at any time. If AMRC cancels a program, a credit will be issued which will be valid for 1-year from the cancellation date. If a class is cancelled and cannot be made up, a credit will be issued which will be valid for 1-year from the cancellation date. Credits are valid for any AMRC class/program.

**NBPRB Photo & Video Release:** Unless otherwise specified in writing and submitted to our staff, I give permission for New Bedford Parks, Recreation & Beaches (NBPRB) to take photographs & videos for use in promotional materials while I/we participate at NBPRB programs & facilities.

**YES, I GIVE PERMISSION**     **NO, I DENY PERMISSION and will submit in writing to NBPRB Staff, so all are aware**

**Borrowing Equipment:** You can swap your I.D to borrow a ball or a computer mouse. Equipment must be returned that day to the desk.

**Valuables:** The AMRC is not responsible for lost or stolen items. Bikes must be parked in the bike rack outside, please bring a lock.

**Animals & Pets:** Only service animals are allowed. Please leave your pet at home. Pet owners must clean up after their pets.

**Drinks/Snacks:** Are only allowed in the main entrance lobby. Only water bottles are allowed in the gym. Glass containers are prohibited.

**Cell Phone conversations** are prohibited in the welcome desk area. Taking photos/video is not allowed without staff permission.

**Special Needs & Medication:** Individuals with medical needs are welcome and encouraged to participate. Contact us for assistance.



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**Weather Cancellations:** Please watch for notifications (1 to 12 hours in advance) by email and posts on our Facebook Page. If New Bedford Public Schools or city offices are closed due to weather conditions, the AMRC is closed for the entire day.

**Internet Usage:** The AMRC only provides access to the internet. The department cannot and is not able to monitor any information on the internet for content or accuracy. The user is the ultimate judge of appropriateness, in the case of minors, this responsibility rests with their parents or legal guardians. The AMRC is not responsible for any negative consequences that may occur as a result of the internet connection. If the internet is being used inappropriately, the user will receive 3 warnings before rights to usage & membership are revoked.

**Acknowledgment of Risk:** I hereby acknowledge that participation in New Bedford Parks, Recreation & Beaches Programming activities comes with inherent risks. I have full knowledge and understanding of the risks associated with participation these activities and acknowledge that the risks include but are not limited to: (1) slips, trips, and falls; (2) aquatic injuries; (3) athletic injuries; (4) illness, including exposure to infection with viruses and bacteria.

**Covid-19 Coronavirus Warning and Disclaimer:** Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and in some cases, death. Participating in City of New Bedford Parks Recreation and Beaches programs or accessing Parks Recreation and Beaches facilities could increase the risk of contracting COVID-19. City of New Bedford Parks Recreation and Beaches in no way warrants that COVID-19 infection will not occur through participation in its programs or accessing its facilities.

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of this application and/or the right to participate in New Bedford Parks, Recreation & Beaches Programming, I, **(Please PRINT Primary Adult Members first and last name)** \_\_\_\_\_, the parent/guardian of the above named minor child or children, agree to release and on behalf of myself and the minor or minors named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible from any and all liability, loss damage, costs, claims and/or causes of action, including but not limited to all bodily injury claims and property damage resulting from or arising out of the use of premises, facilities, or equipment of the City of New Bedford, and/or caused in any way by the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible.

I and/or my child(ren) are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or on behalf of the child if needed. I will assume all costs associated with any such treatment. I have been informed of the program's policies, including the refund policy, if applicable. I fully understand this waiver and voluntarily accept its terms. I certify, under the penalties of law, this information is correct, and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford Office of Housing and Community Development, and the U.S. Department of Housing and Urban Development. This information will be kept confidential and used for funding monitoring purposes only.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Waiver must be signed in front of department staff or in person at the McCoy Rec Center)

<b>FOR STAFF ONLY:</b>	Received by:	Date:	Entered by:	Date:
Staff Notes:				