



Annual Membership Application

Valid for use at all PARA Activity Centers. This card does not allow entrance into outdoor swimming pools or tennis courts. Membership cards are available for these facilities for an additional fee. All information must be completed to be officially registered with PARA.

I. INFORMATION: Applicant is a (check one): Tuscaloosa Co. Resident _____ Non-Resident _____

PRIMARY APPLICANT _____ Age _____ Birthdate ____/____/____
 Address _____ City _____ State _____ Zip _____
 Home Phone # _____ Cell # _____ Email _____
 Place of Employment _____ Work Phone # _____
 Employer Address _____ City _____ State _____ Zip _____

**Are there ANY medical or physical conditions that would aid medical personnel in the event of an emergency?
 ___ YES ___ NO IF YES, EXPLAIN _____

Emergency Contact _____ Relationship _____ Emergency Phone # _____
 Insurance Company _____ Policy # _____

SECONDARY APPLICANT _____ Age _____ Birthdate ____/____/____
 Address _____ City _____ State _____ Zip _____
 Home Phone # _____ Cell # _____ Email _____
 Place of Employment _____ Work Phone # _____
 Employer Address _____ City _____ State _____ Zip _____

**Are there ANY medical or physical conditions that would aid medical personnel in the event of an emergency?
 ___ YES ___ NO IF YES, EXPLAIN _____

Emergency Contact _____ Relationship _____ Emergency Phone # _____
 Insurance Company _____ Policy # _____

(* Stop here and turn to back of form if this application is for any category other than family membership.)

II. For Family Membership - Please list ALL other members of Household (under 21 or listed on previous year's tax statement)

Name _____ Age _____ Birthdate ____/____/____ Grade _____ Gender M F

**Are there ANY medical or physical conditions that would aid medical personnel in the event of an emergency?
 ___ YES ___ NO IF YES, EXPLAIN _____

Emergency Contact _____ Relationship _____ Emergency Phone # _____

Name _____ Age _____ Birthdate ____/____/____ Grade _____ Gender M F

**Are there ANY medical or physical conditions that would aid medical personnel in the event of an emergency?
 ___ YES ___ NO IF YES, EXPLAIN _____

Emergency Contact _____ Relationship _____ Emergency Phone # _____

Name _____ Age _____ Birthdate ____/____/____ Grade _____ Gender M F

**Are there ANY medical or physical conditions that would aid medical personnel in the event of an emergency?
 ___ YES ___ NO IF YES, EXPLAIN _____

Emergency Contact _____ Relationship _____ Emergency Phone # _____

Name _____ Age _____ Birthdate ____/____/____ Grade _____ Gender M F

**Are there ANY medical or physical conditions that would aid medical personnel in the event of an emergency?
 ___ YES ___ NO IF YES, EXPLAIN _____

Emergency Contact _____ Relationship _____ Emergency Phone # _____

