

Youth Access Card Application

Name: _____ Phone Number: _____

Email: _____

Address: _____

City: _____ Postal Code _____

Birth Date: _____ Age: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent Signature: _____

Purpose: This agreement is designed to allow youth ages 13-15 to use the Pitt Meadows Recreation Centres Weight Room safely. Applicants must understand and comply with the following:

- I agree to respect the code of conduct of the City of Pitt Meadows
- Are there any health problems or concerns that we should be aware of?
Circle one: Yes no
If yes please list the concern _____
- Negative behaviour will result in a loss of access and management has the right to revoke the access card at any time. Examples of such attitude are:
 - Failure to pay for admission/rentals
 - Behavioral problems, public/ staff complaints
 - Mis-use of equipment/ damaging equipment
 - Failure to follow guidelines
- Please allow for 40 minutes for an orientation session
- Please wear clean gym attire (running shoes, athletic clothes (tank top and shorts))

Pass holder Signature: _____ Date: _____

For Office Use Only:

Orientation Date: _____ Completed by: _____

Applicant has been set-up with an Account/Membership : Yes No

Applicant has received a Photo Membership Card with a Youth Access Label: Yes No

Any restrictions for the Applicant:

CS Completed by : _____ Date: _____