



# Young At Heart Membership Form

Sponsored By: Springfield Township Parks & Recreation  
12000 Davisburg Rd. Davisburg, MI 48350  
248-634-0412

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Are you a resident of Springfield Township? (please circle one)      YES      NO

## **Medical Information:**

Known medical problems or concerns: \_\_\_\_\_

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Physicians Phone Number(s): \_\_\_\_\_

## **Who To Contact In Case Of An Emergency:**

Name: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## **For Office Use Only:**

Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Collected By: \_\_\_\_\_