

**CITY OF BOWIE  
GYMNASIUM  
4100 Northview Drive  
Bowie, MD 20716  
301-809-2388**



**Youth Membership  
Pass Application  
(Ages 6-17)**

Only City Residents that live within the corporate City limits of Bowie can purchase a Gymnasium membership.  
Proof of residency is required in the form of a Maryland Driver's License at the time of purchase.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Special information we should know about your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In registering myself and/or any member of my family for this program, I agree that I and all such family members will comply with all the rules of the program, and agree not to hold the City of Bowie or any of its employees, officials or agents liable in case of injury to me or any such registered family members, or damage to our property. I have read and understand the Gymnasium Rules and Regulations as shown on the reverse of this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

**CITY OF BOWIE GYMNASIUM**  
**MEMBERS AND GUEST RULES AND GUIDELINES**

**The management of the City of Bowie Gymnasium holds the right to cancel revoke or suspend any type of membership or guest privileges without any type of refund being offered based on the following rules and guidelines. All members are responsible for the actions and conduct of their guests while they are always in the gymnasium.**

**1) Food and Drink in the gymnasium is prohibited.**

2) Dunking and Hanging on the rims and backboards is prohibited.

**3) The use of abusive, offensive, and profane language and actions by Members and Guest will not be tolerated at any time.**

4) Fighting and other aggressive behaviors on the City of Bowie Gymnasium property is strictly prohibited and unlawful.

**5) Non marking closed toed athletic shoes must always be worn.**

6) All Members and Guests must always be properly and fully clothed in the gymnasium.

**7) Alcoholic beverages, illegal drugs, drug paraphernalia and all weapons that include knives and all firearms is strictly prohibited and unlawful on the City of Bowie Gymnasium property.**

8) The City of Bowie Gymnasium is a Tobacco Free Facility.

**9) No amplified music allowed in the City of Bowie Gymnasium Facility.**

10) No Person shall interfere with any City of Bowie Employee acting in the course of his or her official duties. Violators shall be indefinitely suspended from all City of Bowie Gymnasium sponsored activities and subject to legal action by the City of Bowie.

~~~~~**Office Use ONLY**~~~~~

Membership Card #: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Check Complete: Yes  No

Payment Type: Cash  Check

Amount: \_\_\_\_\_

Amount: \_\_\_\_\_

Credit Card

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Name on Check: \_\_\_\_\_

Card Type: \_\_\_\_\_  
(Visa, Mastercard, Discover, etc.)

Last 4 Digits of Credit Card: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_