

MPCA ID REGISTRATION FORM

This ID form must be turned into the MPCA office at least 3 working days prior to taking your picture. Complete the following form if: you are a new resident, you are adding a family member, or your information has changed. List the name of each resident living at the home. Do not list friends, relatives, or other persons not living at the address listed. If you rent/lease your home, you must include the owner's name and address in order to register for ID cards.

Today's Date: _____ CHECK ONE: New Resident: _____ Addition: _____ Change/Update Info: _____

NAME OF RESIDENT _____ CHECK ONE: OWN HOME _____ RENT: _____
(This name must also be listed below)

ADDRESS: _____ EMAIL: _____

HOME TELEPHONE: _____ CELL PHONE: _____ TDL: _____

If renting, Owner's name: _____ Owner's phone: _____

Owner's Mailing Address: _____

LIST THE NAME OF EACH FAMILY MEMBER, INCLUDING INFANTS. MAKE SURE TO INCLUDE THE RESIDENT'S NAME LISTED ABOVE. ALL INFORMATION MUST BE COMPLETED BEFORE ID PICTURES WILL BE TAKEN.

NAME	SEX	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST NAME AND PHONE NUMBER OF PERSON NOT LIVING WITH YOU TO CONTACT IN CASE OF AN EMERGENCY.

EMERGENCY NAME: _____ PHONE NUMBER: _____

In consideration for the privilege of using the swimming pools and facilities of Memorial Parkway Homeowner Association and other good and valuable consideration, I and my family assume all risk for claims heretofore and hereafter arising from the subject of the Release, in favor of me, my family, heirs, legal representatives and assigns, and hereby knowingly and voluntarily expressly release said Memorial Parkway, it's agents, officers, employees or aids from all liability or claims, demands and cost for or arising out of injuries or damages sustained while using the amenities and facilities of Memorial Parkway, or by the negligence of me or my family. Further, I and my family agree to abide by and be bound by the Rules and Regulations for the operation and safety of Memorial Parkway facilities.

Printed Name: _____ Signature: _____ Date: _____
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Account Number: _____ Account Balance: _____

Date Turned Into Office: _____ Date Entered in Photo ID System: _____

