



1400 Terra Bella Ave, Suite M  
Mountain View, CA 94043  
Phone: (650) 968-1543  
www.kmvt15.org

### KMVT 15 Access User Application

*Please Print*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Type of membership applying for:**

- Resident (MV, LA, Cup)                       Youth/Senior (MV, LA, Cup)                       Organization
- Non-Resident                                       Import Producer                                       Swing Slot Crew Cards

**Emergency Contact(s):**

Contact 1: \_\_\_\_\_ Contact #: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Insurance Information:** Please complete this section.

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Helpful Information: Provide any additional information about the participant's behavior, physical, emotional or mental health.

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

**Allergies:** Please be specific {i.e. contact, airborne, ingested} and describe reaction {swelling, rash, death}

- Food {please specify}: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Other: \_\_\_\_\_

**Medical Conditions / Medications:** Please list any medical conditions we should be aware of or any current medications:

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

**Medical & Liability**

In the event that none of the above emergency contacts are able to be reached, I authorize Mountain View Community Television, dba KMVT 15 to seek medical attention, if needed, from a medical care provider. I hereby irrevocably and forever release Mountain View Community Television, dba KMVT 15, all its successors, assigns, employees, staff, directors, contractors and affiliated personnel from any liability, cost, loss, damage or expense of any kind arising out of any injury or death occurring on or about KMVT 15 property, or during any activities, or while traveling to and from KMVT 15 on behalf of myself or any family member for any reason whatsoever.

Signature of Access User: \_\_\_\_\_ Date: \_\_\_\_\_

***All information will remain confidential.***