Level Up Arcade and Lounge
Membership Profile

Name_____ Member Number_____

Todays Date_____ Birthday_____ Age_____

Phone Number_____ Email_____

Address_____

How did you hear about us?_____
Emergency Contact 1
Name_____ Relationship _____
Phone number _____

Emergency Contact 2
Name_____ Relationship _____
Phone number _____

- ☐ I have read and signed the LIABILITY WAIVER, ASSUMPTION OF RISK, AND RELEASE AGREEMENT
- ☐ I have read and understand the Arcade Policies

Family Members:

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Signature_____ Date _____