

EXPIRES

 FULL PAYMENT RECURRING BILLING

SALINE REC CENTER MEMBERSHIP AGREEMENT

**PLEASE PRINT**

| | | | |
|-------------------------------|---------------|---|----------|
| Name | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Street Address | | Do you live, work, or own property within the Saline Area School District? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| City | | State | Zip Code |
| Date of Birth | Email Address | | |
| Cell Phone | Phone 2 | Preferred Contact Method <input type="checkbox"/> Cell <input type="checkbox"/> Phone 2 <input type="checkbox"/> Email <input type="checkbox"/> Text | |
| In Case of Emergency, Contact | | Phone | |

Family Members: Those persons living together as parent/guardian and dependents claimed on Income Tax. Others, living in the household, may be included as Members at an Additional Cost.

FAMILY MEMBERS

| 1 | Name | Date of Birth | Gender |
|---|------|---------------|---|
| 1 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 2 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 3 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 4 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 5 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 6 | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

I understand and agree that the use of the Recreation Center shall be at applicant(s) risk. User/member represents that user/member has disclosed in writing to the Recreation Center any physical condition that may limit user/member's activities and except as disclosed, user/member is able to undertake the physical exercise and use of facilities provided by the Recreation Center. However, disclosure of physical conditions shall not relieve user/member of his or her sole responsibility of appropriately and safely limiting activities to take into account such physical conditions and limitations. The Recreation Center shall not be liable for any injuries or damages to any person or property whatsoever arising out of, or in connection with, the use of the facilities where the same are caused by or result from actions of the user/member. User/member hereby releases and discharges the Recreation Center from all claims, demands, actions or causes of action related to any such injuries or damage. Signature is taking responsibility for all on form as well as the receipt and understanding of the membership handbook. **I also understand there are no refunds on Rec Center memberships.**

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

ADMINISTRATION USE

| | | | |
|--|-----------------------------|---------------------|------------------------------------|
| Package <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Corporate Membership | | | |
| Start Date / Contract Date From | End Date / Contract Date To | Amount Paid in Full | Recurring Billing Amount Per Month |
| Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Other | | Notes | |
| Application Confirmation <input type="checkbox"/> ID <input type="checkbox"/> Residency Proof <input type="checkbox"/> Old File Pulled <input type="checkbox"/> New Member Packet <input type="checkbox"/> Corporate Copy to File | | | |
| Employee Name | | | Date |