Rossford Community Recreation Center Membership Form

MEMBERSHIP INFORMATION (Please check off appropriate box)

1) RESIDENCY: ☐ Resident ☐ Non Resident ☐ Qualified Non Resident
2) TYPE: ☐ Adult ☐ Youth ☐ Family ☐ Senior ☐ Senior Couple
3) DURATION: ☐ Monthly ☐ Quarterly ☐ Annual ☐ Annual-Bank Draft Option

CONTACT INFORMATION (Please write legibly)

PRIMARY MEMBER:

First Name:_____ Middle:_____ Last Name:_____

Address:_____ City:_____ Zip:_____

Home Phone: (__)_____ Work Phone: (__)_____ Date of Birth:__/__/__

Emergency Contact and Phone:_____ Sex: ☐ Male ☐ Female

E-Mail Address: _____

SPOUSE:

First Name:_____ Middle:_____ Last Name:_____

Home Phone: (__)_____ Work Phone: (__)_____ Date of Birth:__/__/__

Emergency Contact and Phone:_____ Sex: ☐ Male ☐ Female

CHILDREN (dependant children still attending high school or younger at the above address):

First Name:	Middle	Last Name	Date of Birth	Age	Sex (Gender)
_____	_____	_____	__/__/__	_____	☐ Male ☐ Female
_____	_____	_____	__/__/__	_____	☐ Male ☐ Female
_____	_____	_____	__/__/__	_____	☐ Male ☐ Female
_____	_____	_____	__/__/__	_____	☐ Male ☐ Female
_____	_____	_____	__/__/__	_____	☐ Male ☐ Female

Agreement and Authorization:

By signing this form I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that membership at the Rossford Community Recreation Center is non-transferable and non-refundable. I understand that I take responsibility for the accuracy and completeness of all the information filled in on this form by me. I also realize that updating of this information is solely my responsibility, and I hereby release all other parties from any and all responsibility. I understand that this Agreement is binding on myself, as well as my legal representatives and heirs. Authorization is also given to the City of Rossford to release the information on this application to emergency callers. In addition, I give my permission to have my/my child's photo taken during classes/programs/events, used for publicity purposes by the City of Rossford Parks and Recreation Department.

Waiver and Release – (READ CAREFULLY and SIGN AT THE BOTTOM)

As a participant in this and any other program of the City of Rossford Parks and Recreation Department, I/we recognize and acknowledge that there are certain risks and I/we agree to assume all such risks including any damages resulting from physical injuries, death, loss of service or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. In consideration of the Rossford Parks and Recreation Department accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Rossford Parks and Recreation Department. Furthermore, I/we promise not to sue the City of Rossford Parks and Recreation Department and its officers, agents, servants, employees, and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage of property, or any other loss to me on account of my participation in this and all other programs of the City of Rossford Parks and Recreation Department

⇒ Signature:_____ Date:_____

If under 18 years old, MUST be signed by a parent or guardian.

STAFF USE ONLY

Total Amount Paid:_____ Check One: ___Full Payment ___Down Payment

Method of Payment: ☐ Cash ☐ Check (check #:_____) ☐ Credit Card

Date of Payment:_____ Membership Expiration Date:_____ Staff Initials: _____