

## **Annual Enrollment Form**

Primary First Name:	MI: Last I	Name:	Gender:	_ DOB:
Spouse First Name:	MI: Last N	lame:	Gender:	DOB:
Address:				
City:	State:	Zip:		
Home Phone:	Cell Phone:		Work Phone:	
Primary Email:		Secondary Email:		
Emergency Contact #1:		Relationship:	Phone:	
Emergency Contact #2:		Relationship:	Phone:	

	ADMISSION*				
BENEFITS	DAILY ADMISSION	DAILY PUNCH CARD	SILVER MEMBERSHIP	GOLD MEMBERSHIP	
Card Access	-	- 🗸	✓	✓ ✓	
Walking Track	✓		✓		
Basketball	✓	✓	✓	✓	
Racquetball	✓	<b>✓ ✓</b>		✓	
<b>Batting Cage</b>	✓	✓	✓	✓	
Arcade	✓	✓	✓	✓	
Children's Soft Play	✓	✓	✓	✓	
Fitness Classes	-	-	Discounted Pricing (Does not include classes led by independent instructors)	Discounted Pricing (Does not include classes led by independent instructors)	
Bowling (Bull Tokens**)	-	-	-	Family: 20 Bull Tokens Annually Couples: 10 Bull Tokens Adults: 5 Bull Tokens	
Restaurant Vouchers	-	-	-	Free \$5 dining voucher per month	
	□ <b>\$6</b> (per person)	□ <b>\$50</b> (10 punches)	<ul> <li>☐ Adult: \$125</li> <li>☐ Adult Couple: \$225</li> <li>☐ Family: \$325</li> <li>☐ Child: \$100</li> <li>☐ College: \$100</li> <li>☐ Senior: \$110</li> <li>☐ Senior Couple: \$200</li> </ul>	<ul> <li>☐ Adult: \$175</li> <li>☐ Adult Couple: \$300</li> <li>☐ Family: \$400</li> <li>☐ Child: \$135</li> <li>☐ College: \$150</li> <li>☐ Senior: \$150</li> <li>☐ Senior Couple: \$275</li> </ul>	

<sup>\*</sup>Daily Admission is not charged for individuals only using the bowling center or restaurant.

<sup>\*\*</sup>Includes 1 game of bowling per person and shoe rental

Child: Includes one child age 4 to 18 years old (still in high school as of August of current year). Children 3 and under are admitted free. Children age 12 and younger must be accompanied by an individual 13 years of age or older.

**College**: Includes 1 college student (must show proof of enrollment)

Adult: Includes 1 adult age 18+

Adult Couple: Includes two adults, 19 years of age or older, living in the same household.

Family: Includes 2 adults age 19+ and any minor children, 18 years of age or younger, living in the household. Children, even if 18+,

in college can be included in this plan as well.

**Senior**: Includes one adult over the age of 65 or older

Senior Couple: Includes two adults (one must be over the age of 65 or older) living in the same household.

	· ·		me if Different fr	FORMATION om Primary)		
#	Dependent/Child's Name	Gender	DOB	Relationship	School	Grade
1						
2						
3						
4						
5						
6						
	nereby acknowledge that this inform y. (Please Initial)	nation is true and c	correct. All perso	ns listed are member	s of my immediate	dependent
	nent Method					

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All payments to Audubon Recreation Foundation are final and can be made by one of the following options:				
$\square$ Cash	☐ Check (\$30 Return Check Fee)	☐ Credit Card (Visa or MasterCard)		
	Recreation Foundation is always lo 0.00 will be recognized as <i>Friends of the R</i>	ooking for support and donations. All donations are appreciated!		
Recognition Name	e:	(Leave blank if you wish to remain anonymous)		
☐ YES! I would	d like to make an additional tax de	eductible donation to the Audubon Recreation Foundation.		
Payment Amo	unt ( <u>Due at Time of Payment</u> ):	Admission: \$		
		Donation: \$		
		Total: \$		

## **TERMS & CONDITIONS**

**TERM**. All memberships of *Audubon Recreation Center (ARC)* are either daily or annual (when paid in full), and payments are due in advance. No refunds will apply.

**RULES AND REGULATIONS.** Member acknowledges that **ARC** operates under rules and regulations established for the safety and protection of its members, and agrees to be bound by such rules and regulations, as well by the rules and regulations subsequently approved and posted or otherwise published by **ARC**. Such rules and regulations in effect from time to time are incorporated into this Agreement by reference. Facilities, equipment, hours, service, regulations and policies are subject to change from time to time, without prior notice, in the sole discretion of **ARC**. Member agrees to accept such reasonable change(s) as a condition of membership. Member additionally recognizes:

- a) Under no circumstances shall Member move or misuse the equipment or facility in any manner not authorized by ARC.
- b) This membership is for Member, and Member only, and Member will not give access to another individual.
- c) Profanity or indecent language and/or behavior will not be tolerated. Any conduct deemed by *ARC*, in its sole discretion, to be offensive, potentially harmful, dangerous or abusive will not be tolerated, and shall be grounds for termination of Member's membership by *ARC*.
- d) ARC shall not be responsible for any lost or stolen items.
- e) Member should not occupy any equipment for an extended period of time. Member should allow others waiting to use such equipment to work into their rotation.
- f) The climate of the Facility is controlled by ARC and is set to provide the optimum exercise environment for the majority of its members. Members shall not change or seek to change any environmental controls and shall never prop open any doors or windows to the Facility for any purpose.

**PROHIBITED ACTIVITIES.** Drugs (including steroids), and smoking are prohibited within the Facility. Member agrees not to use the Facility or engage in any activity at *ARC* while under the influence of drugs, alcohol, or medication that may impair Member's ability to operate the equipment. No weapons of any kind are allowed. No photography, videotaping, filming or audio recording is permitted within the Facility restrooms. *ARC* reserves the right, in its sole discretion, to limit the consumption of food or beverages, or use of outside equipment within the Facility. Gambling or gaming is prohibited within the Facility or on the premises without the express written consent of *ARC's* management.

**DRESS/TOWEL POLICY**. ARC requires that members wear appropriate clothing and footwear while in the Facility.

**SUSPENSION AND TERMINATION**. I understand that *ARC* may suspend or terminate my membership at any time, in its sole and absolute discretion, for non-payment of Membership Fees or for violation of any of *ARC's* policies and procedures, and that in so doing, *ARC* assumes no further liability to adhere to the terms of this Agreement.

## **ASSUMPTION OF RISK & RELEASE AGREEMENT**

- I. As a patron of and/or participant in the Audubon Recreation Center facility and/or program, I affirm that to my knowledge, my general health is good and that I am not adversely affected by physical exercise, and that I am aware that I have certain physical conditions that limit my activities and will abide by such limitations to the best of my knowledge. I am aware of the possibility of accidental or other physical injury that may befall me during my use of the facility, equipment and/or participation in programs conducted by the Audubon Recreation Center and the Audubon Recreation Foundation including programs co-sponsored with other agencies.
- II. I, for myself and/or child named here as a patron and/or participant in the Audubon Recreation Center and/or a Program/Camp, am aware of the possibility of accidental or other physical injury which may befall me or my child(ren) during my/our use of the facility, equipment, and/or participation in Programs/Camps conducted by this department including Programs/Camps co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my

child(ren) may suffer while utilizing the Audubon Recreation Center and/or Programs/Camps and release from any and all liability of cause of action, the Audubon Recreation Center, Audubon Recreation Foundation, its employees, agents and volunteers.				
III. I hereby provide my consent for the Audubon Recreation Center to use photographs, videos and/or interviews with me and/or my child(ren) in connection with publicizing or promoting the Audubon Recreation Center, its services, or departments and agencies. I understand that there will be no remuneration for such use.				
(Please initial) Accept Decline				
IV. I recognize that I am participating at my own risk to injury, and neither the Audubon Recreation Center, or The Audubon Recreation Foundation nor its affiliates carry insurance to cover my immediate family or me. Insurance is the responsibility of the individual participant.				
I hereby acknowledge that all information provided in this document is true and correct. (Please Initial)				
Adult, Parent, or Guardian Printed Name:				
Signature: Date:				