

Date: _____



Annual Enrollment Form

Primary First Name: _____ MI: _____ Last Name: _____ DOB: _____

Spouse First Name: _____ MI: _____ Last Name: _____ 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: _____

MEMBERSHIPS		ANNUAL RATE	BENEFITS INCLUDE:
<input type="checkbox"/>	FAMILY	\$550	Walking Track Basketball Racquetball/Pickleball Volleyball Batting Cage Fitness Equipment Bowling* 1 Access Card (per membership)
<input type="checkbox"/>	SINGLE PARENT FAMILY	\$450	
<input type="checkbox"/>	ADULT COUPLE	\$400	
<input type="checkbox"/>	ADULT SINGLE (Ages 24 and older)	\$250	
<input type="checkbox"/>	YOUTH (Ages 6-23, Ages 5 and under are Free)	\$200	

<input type="checkbox"/>	10-DAY PUNCH PASS (Does not have to be consecutive days)	\$50	Includes All Fitness Amenities (excludes free Bowling)
<input type="checkbox"/>	DAILY ADMISSION** (Ages 6+, Ages 5 and under are Free)	\$6 (per person)	

* One free game per member every Tuesday. Bowling shoe rental not included.

**Daily admission is not charged for individuals only using the bowling center, restaurant, children's play area (ages 5 and under) or arcade.

Family: Includes 2 adults age 19+ and any minor children, 23 years of age or younger, living in the same household.

Single Parent Family: Includes 1 adult age 19+ and any minor children, 23 years of age or younger, living in the same household.

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

Adult Single: Includes 1 adult age 24 and older.

Youth: Includes one child 6 to 23 years old. Youth 5 and under are admitted free. **Youth 12 years and younger must be accompanied by an individual 14 years of age or older.**

FAMILY MEMBERSHIP INFORMATION (List Last Name if Different from Primary)					
#	Dependent/Child's Name	DOB	Relationship	School	Grade
1					
2					
3					
4					
5					
6					

***I hereby acknowledge that this information is true and correct. All persons listed are members of my immediate dependent family. **(Please Initial)** _____

Access Cards

Because our members' safety is our main concern, we do not allow members opening the door for other guests who forget their key. If you've lost your key, make sure to call during business hours and a staff member will help you get a replacement access card.

A fee will apply for additional or lost/stolen cards.

Payment Method

All payments to Audubon Recreation Foundation are final and can be made by one of the following options:

- Cash Check (\$30 Return Check Fee) Credit Card (Visa or MasterCard)

The Audubon Recreation Foundation is always looking for support and donations. All donations are appreciated!

YES! I would like to make an additional donation to the Audubon Recreation Foundation.

Payment Amount:

Membership Fee: \$ _____
Additional Access Card Fee: \$ _____
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. 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 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 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: _____