

# CARPENTER CENTER MEMBERSHIP APPLICATION

Participant Name				
Date of Birth	of Birth Age			
Parent(s)/Guardia	an(s) Name (if unde	er 18 years	old)	
 Phone #				
Email			Address	
City	State	Zip _		
Name &	pants (if applicable) Age (gender opti	ional)		
2				
5				

# Membership Rates

All new monthly membership plans require a \$25 sign-up fee.

## **Fitness Center**

Under 25 - Monthly (\$15) 
Annual (\$150) 
Adult 25 to 54 - Monthly (\$30) 
Annual (\$300) 
Senior 55+ - Monthly (\$20) 
Annual (\$220) 
Senior Couple - Monthly (\$25) 
Annual (\$275) 
Veteran/Military - Monthly (\$18) 
Annual (\$200) 
Annual (\$200)

# Membership Add-ons

Membership add-on prices are in addition to the above application selection.

## **Pickleball**

Daily (\$5) • Punch Card (\$45) • 9 Month (\$180) • Annual (\$220) •

#### **Partner Discount:**

For couples that would like to participate together, a \$10 discount or roughly 15% discount will be applied based on the program chosen! This applies <u>for the 9-month/annual pickleball and all fitness memberships!</u>

# **Disability Discount:**

We proudly offer a discount to customers with disabilities as part of our commitment to accessibility and inclusion. Please present valid documentation or identification to receive 10% off membership price.

#### Waiver

The undersigned hereby releases Scottsbluff County Housing Authority, City of Terrytown, Terry & Hazeldeane Carpenter Intergenerational Center and the Board of Directors of each such organization from any and all claims, demands, damages, and actions that might arise out of the use of the facilities, premises, programs and equipment. This release form covers the undersigned, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing. I and all others I am signing for, including all minors, are physically sound and medically approved to participate in all activities at the Carpenter Center. I and all others I am signing for, including all minors, agree to abide and obey all rules of the Carpenter Center.

Participant Signature (if 18 years or older):	DATE:
Signature (Parent/Guardian) if under 18	DATE:

#### FITNESS CENTER AGREEMENT

The Carpenter Center Fitness Center is a multi-purpose strength and conditioning facility designed to promote health and fitness.nTherefore, we ask that you treat all equipment, members and staff with respect and courtesy. Please follow the rules and guidelines as outlined below. Failure to do so could result in the loss of membership privileges.

- No foul or profane language.
- No alcohol or tobacco products in the fitness center.
- Please wear appropriate attire that is not offensive to other members.
- Sandals or open-toed shoes are not allowed.
- Wipe down all pads on cardio and weight machines when you have finished with that machine.
- If the fitness center is crowded, please limit use of treadmills, elliptical machines, and bikes to 30 minutes.
- If you open a window, please close it after you finish your workout.

- Return all equipment to its proper place.
- If you need help or assistance with a machine or exercise, please ask a staff member.
- Use a spotter if necessary.

Signature (Parent/Guardian) Date

- The Carpenter Center provides lockers free of charge for day use only.
- You must provide your own padlock.
- If you wish to leave items in lockers overnight, you must provide the Carpenter Center staff with the locker number and pay the yearly rental fee of \$25.00.
- For your protection you must be 14 years old or older to use the equipment.
- CHILDREN UNDER THE AGE OF 14 ARE NOT ALLOWED IN THE FITNESS CENTER FOR ANY REASON.

We recommend that you consult your physician prior to beginning any exercise program.

### <u>Waiver</u>

I have read and understand the above rules and guidelines and agree to abide by them at all times. I understand that signing this agreement I am agreeing to abide by the rules, and this form releases The Terry & Hazeldeane Carpenter Intergenerational Center, their employees, Board of Directors, Scotts Bluff County Housing Authority, and volunteers from any and all claims should injury, death, and/or loss of property occur as a result of his/her participation.

Office Use Only	
Registration received by	
Date received	
Membership Number	Expiration Date
Cash/Check #/Credit Card (amount, fees, to	tal, paid in full, etc.)