

Section 1 Family Information v RELEASE AGREEMENT SIGNATURE is required on the back of this form.

Applicant must be at least **18 years old** or older with a valid Driver's License or State ID to complete this form. A family member **21 years old** and over must provide State ID before being added to your household account, (Exception: spouse may be added at the time of sign up, ID will be required on first visit).
Please list ALL immediate FAMILY members living in your household. All personal information will remain confidential.

Primary Name First	Last	M / F	Date of Birth	Age
Name First	Last	M / F	Date of Birth	Age
Name First	Last	M / F	Date of Birth	Age
Name First	Last	M / F	Date of Birth	Age
Name First	Last	M / F	Date of Birth	Age

Address		City	State	Zip Code
Primary Phone		Secondary Phone	MANDATORY E-Mail Address	
Emergency Contact Name First	Last	Relationship to Primary	Emergency Contact Phone	

Section 2 Application for Rec Center Membership v RELEASE AGREEMENT SIGNATURE is required on the back of this form.

IMPORTANT INFORMATION On a Member's 21st and 55th birthday membership pass type(s) and fee will automatically adjust according to their new age. New "age accurate" fee rates will take effect on the next recurring billing date. Members will see the automatic adjustment in their financial institution statement.
 Macomb Twp. residents will have 48042(44) zip codes listed on ID. Macomb Township residency rates are listed below. Non-Resident rates are double the rates listed below.

RECREATION CENTER MEMBERSHIP		M / F	Date of Birth (mm-dd-yy)	Age	Child Age 4+	Adult Age 21+	Senior Age 55+	Monthly \$30 Adult \$20 Child \$20 55+	Annual \$360 Adult \$240 Child \$240 55+	Summer May-Aug \$120 (Prorates)	Trial 30 Day \$30
Name First	Last										

Section 3 Authorization Agreement for Monthly Recurring Billing Recurring Billing Total \$

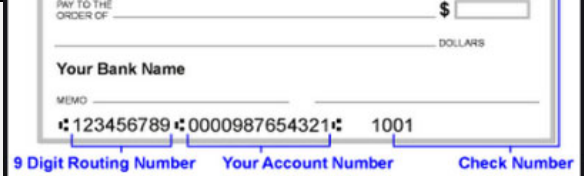
Authorization Agreement for Recurring Billing: I HEREBY AUTHORIZE Macomb Twp. to initiate debit entries to my Checking/Credit Card Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH/Credit Card transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect **until Macomb Twp. has received written notification from me of its termination** in such time and in such manner as to afford Macomb Twp. and DEPOSITORY a reasonable opportunity to act on it. A \$25 service fee will be charged for insufficient funds in addition to the monthly membership fee. If not paid within 7 days, a \$100 reinstatement fee will also apply resulting in a canceled membership(s).

<input type="checkbox"/> ACH Checking Account	Print Account Holder's Name First Last	List <u>Bank Name</u> if using a checking account	Bank Routing Number	STAFF MUST ATTACH A VOIDED CHECK			
<input type="checkbox"/> Credit Card Visa or MasterCard	Account Holder Signature	MACHINE SWIPE CREDIT CARDS DO NOT write down the Credit Card number.	Checking Account Number	STAFF MUST ATTACH A VOIDED CHECK			
	Today's Date:						

Membership Check List

Please review and initial each statement:

- Monthly membership fees will be deducted on the 15th of each month
- \$25 NSF Fee for rejected payments
- Monthly memberships can be cancelled at any time, but subject to a \$100 reinstatement fee if you decide to return
- Notify the Rec Center 3 days prior to automatic deductions for any changes to the account
- On a member's 21st and 55th birthday, the pass type and fee will automatically adjust
- An account can be put on HOLD for the following reasons, ONLY
 - Attending college outside of the Metro Detroit area
 - Snowbird – migrate south in the winter for more than 60 days
 - Medical – documentation will be needed upon return
- Upon return from a Hold, must show proof to avoid \$100 reinstatement fee



Section 4 Canceling a Membership(s)

All Canceled Monthly Memberships become effective on the last day of their prepaid billing cycle, which is the 14th of the month. A \$100 reinstatement fee will be assessed if you wish to reinstate a Canceled Monthly Membership at a later date. (one \$100 fee per family)

First Name	Last Name	Date of Birth	Must include reason for a CANCELTION
			Reason:
			Reason:
			Reason:
			Reason:

Section 5 Put a Membership(s) on HOLD

Holds are **ONLY** for Medical, leaving home for College and Snowbirds. Snowbirds go south in the winter and relocate for over 60 days. Upon returning, coinciding documentation for the time period gone will be required. Without documentation a \$100 reinstatement fee will apply.

First Name	Last Name	Date of Birth	Reason	From Date	To Date
			<input type="checkbox"/> Snowbird <input type="checkbox"/> School Where: <input type="checkbox"/> Medical Reason:		
			<input type="checkbox"/> Snowbird <input type="checkbox"/> School Where: <input type="checkbox"/> Medical Reason:		
			<input type="checkbox"/> Snowbird <input type="checkbox"/> School Where: <input type="checkbox"/> Medical Reason:		

Section 6 Re-Activate a Membership(s) on HOLD

Upon returning from HOLD, coinciding documentation for the time period gone will be required. Member **MUST** attach required documentation to this form. Without documentation a \$100 reinstatement fee will apply. A mandatory return date is required for the membership to start back up.

First Name	Last Name	Date of Birth	Return From	Re-Activation Date:	Pro-Rated Fee Collected:
			<input type="checkbox"/> Snowbird <input type="checkbox"/> School <input type="checkbox"/> Medical		\$
			<input type="checkbox"/> Snowbird <input type="checkbox"/> School <input type="checkbox"/> Medical		\$
			<input type="checkbox"/> Snowbird <input type="checkbox"/> School <input type="checkbox"/> Medical		\$

Section 7 MACOMB TOWNSHIP RELEASE AGREEMENT In consideration of being permitted to participate in the Macomb Township Parks & Recreation Department activity or use of any facilities in connection with this activity, the undersigned agrees to the following:

- The undersigned hereby releases, waives, discharges, and covenants not to sue Macomb Township, its employees, officers, and agents (hereinafter referred to as "Releasees") from all liability to the undersigned, his or her personal representatives, successors, assigns, and heirs for any loss, damage, claim, or cause of action on account of injury to the person or property of the undersigned whether caused by any negligent act or omission of the Releasees or otherwise while the undersigned was participating in the Township activity or using any facility in connection with the activity.
- The undersigned hereby agrees to indemnify and hold harmless the releasees from all liability, claims, demands, and causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasee's right to indemnify or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise.
- The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage while upon Township property or participating in the activity or using any facilities and equipment whether caused by any negligent act or omission of releasees or otherwise.
- The undersigned expressly agrees that the foregoing release/waiver, indemnity agreement, and assumption of risk are intended to be as broad and inclusive as permitted by Michigan law & that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force & effect.
- I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the Township or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations; statements or inducements have been made.
- If the participants are minors, his or her custodial parent or legal guardian must read and execute this agreement: I hereby warrant that I am the legal guardian or custodial parent of the above listed persons who are minors and agree, on my own and on said minor's behalf to the terms and conditions of the foregoing agreement
- Membership Terms & Conditions** All Memberships are non-transferable and non-refundable. A one month **Trial Membership** is valid from the date of purchase until one month later and can only be purchased one time per person. **Annual Memberships** are valid for one (1) year from the date of purchase. **Monthly Memberships** are valid continuously, through auto payment deduction, until the primary person in the household cancels the membership by submitting a Change Request (5 day notice required for all changes). If a membership is canceled a \$100 reinstatement fee will be assessed per family to rejoin the center. **Monthly Memberships can be placed on HOLD only** under the following conditions: Medical, College (leaving home) and Snowbird (people that go south in the winter and relocate for over 60 days). Upon returning from a HOLD status, coinciding documentation for the time period gone will be required, without coinciding documentation a \$100 reinstatement fee will apply
- All Patrons Not Currently in the 9th Grade** must be supervised by an adult 18 years of age or older at all times while visiting the center. Patrons currently in the 9th grade must show a School I.D. (indicating 9th grade) to be left unsupervised in the facility. Patrons between the ages of 11 years and 9th grade must be supervised by an adult 18 years of age or older and have their adult within the facility but not directly supervised. All patrons must show a driver's license, or a School I.D. when initially entering the facility
- Daily Recreation Center Pass** is valid for one Macomb Township Recreation Center admission on the date printed on the receipt during regular operating hours. By purchasing this pass, you agree to abide by all Macomb Township Parks and Recreation rules and regulations. Management reserves the right to revoke admission granted by this ticket without refund at any time, and Macomb Township Parks and Recreation, its employees, representatives, and affiliates are not responsible for accidents, injury, or death to any person, and are not responsible for lost, stolen, or damaged personal property. You assume the risk of any and all injury, including death, by entering and further agree to indemnify and hold harmless Macomb Township from any and all claims arising out of your use of the facility, and waive any and all legal claims that may arise from the use of the premises.
- Class Policy** Please allow time to check in at the centers front desk with a photo ID. This is required for every visit for the safety of all guests.
- Photographs** Macomb Twp. P & R reserves the right to use all photographs taken at community events for publications and/or promotional purposes.
- Equal Access** No person shall, on the basis of religion, race, color, national origin, age, sex, height, weight, familial status, marital status, or disability, be denied equal access to programs, activities, services, or benefits. We welcome the participation of persons with disabilities in our programs and facilities. Complete the special needs portion on our Registration Form when registering if you or your child need special accommodations. To allow sufficient time to coordinate program inclusion and make reasonable accommodations, register at least two weeks prior to the program start date.

X Signature: _____ Print Name: _____ Today's Date: _____

Staff Initials: _____ Input verified by: _____