

**City of Macedonia Recreation Center  
Membership Application**

*Memberships are NON-REFUNDABLE and NON-TRANSFERABLE.*

Please refer to the Macedonia Recreation Center Guidelines prior to completion of form.

Type of Membership	Macedonia Resident	Non-Resident	Macedonia Business
Individual Youth (3-17)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Individual Adult (18-61)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family 3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Couple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Individual	<input type="checkbox"/> \$40/month	<i>Installment plans available for annual memberships</i>	
<input type="checkbox"/> SilverSneakers Program	<input type="checkbox"/> Prime Program	<input type="checkbox"/> Silver/Active & Fit Program	<input type="checkbox"/> Renew Active
<input type="checkbox"/> Free 5 Day Trial Pass	<input type="checkbox"/> Day pass	<input type="checkbox"/> Military	
Annual Discount of \$100:	<input type="checkbox"/> Veteran Military	<input type="checkbox"/> Nordonia Hills Safety Forces	

<b>Primary Member:</b>			<b>Member #</b>
Name: (Last)	(First)	(Middle Initial)	
Address: (Street)			(City, State, Zip)
E-mail Address:	Emergency Contact Name:	Number:	
Phone 1: ( )	Phone 2: ( )	Age	DOB - - M or F

<b>Additional Members:</b>			<b>Member #</b>
Name:	Age:	DOB - -	M or F
Name:	Age:	DOB - -	M or F
Name:	Age:	DOB - -	M or F
Name:	Age:	DOB - -	M or F

**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 the membership 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 me, my legal representatives and heirs. Authorization is also given to the City of Macedonia to release the information on this application to emergency callers.

**Waiver and Release**

In consideration of the City of Macedonia and the Macedonia Parks and Recreation Department granting me permission to engage in the recreational activities at the Macedonia Family Recreation Center, the undersigned does hereby waive, release, save, and hold harmless and indemnify the City of Macedonia, The Macedonia Parks and Recreation Department, their organizers, officers, employees, agents and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Macedonia, the Macedonia Parks and Recreation Department, their organizers, officers, employees, agents, and sponsors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Macedonia Family Recreation Center property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. I further understand and acknowledge that the failure to follow facility guidelines, rules, or regulations may result in the suspension or revocation of my membership at the City's sole discretion. I authorize the City of Macedonia Parks and Recreation Department to photograph the participant for advertising and promotional purposes including, but not limited to newspaper advertisements, brochures and websites.

Signature \_\_\_\_\_ (Adult 1) Date \_\_\_\_\_

Signature \_\_\_\_\_ (Adult 2) Date \_\_\_\_\_

*(If under 18, MUST be signed by parent or guardian.)*

<b>For Staff Use:</b>	<b>Form of Pymt:</b>	<b>Staff Initials/Date</b> _____
<input type="checkbox"/> Received Info Booklet	<input type="checkbox"/> Cash	<b>Your pass expires on:</b> _____
<input type="checkbox"/> Residency Checked	<input type="checkbox"/> Check # _____	<b>Receipt #</b> _____
<input type="checkbox"/> Full time College Proof	<input type="checkbox"/> MC/VISA/DISC/Debit author. # _____	Exp.Date ____/____ CVV2 _____
<input type="checkbox"/> Proof of Age Checked	<input type="checkbox"/> Gift Certificate # _____	
<input type="checkbox"/> Identification Checked		
<input type="checkbox"/> 1 Membership "PERKS" card (Only applies to paid annual memberships)		