



**CITY OF ROHNERT PARK – COMMUNITY SERVICES
FAMILY MEMBERSHIP APPLICATION**



DATE: _____

BARCODE: _____

• **PRIMARY NAME ON ACCOUNT (MUST BE OVER 18)**

1. Last name: _____	First name: _____	M/F _____
Address _____		
City/Zip Code: _____		E-mail: _____
Home phone: _____ - _____ - _____		Cell phone: _____ - _____ - _____
DOB ____/____/____		

• **ADDITIONAL MEMBERS INCLUDED IN FAMILY MEMBERSHIP**

Up to 1 additional adult over 24 and 4 children under 24 living in the same household, additional adults may be added at additional charge

						CIRCLE	
							Barcode:
2. Last name: _____	First name: _____	DOB ____/____/____	M/F _____				_____
3. Last name: _____	First name: _____	DOB ____/____/____	M/F _____				_____
4. Last name: _____	First name: _____	DOB ____/____/____	M/F _____				_____
5. Last name: _____	First name: _____	DOB ____/____/____	M/F _____				_____
6. Last name: _____	First name: _____	DOB ____/____/____	M/F _____				_____

• **EMERGENCY CONTACT**

Last name: _____	First name: _____
Home phone: _____ - _____ - _____	Cell phone: _____ - _____ - _____

• **MEMBERSHIP TYPE**

FAMILY MEMBERSHIP PACKAGES		
<input type="checkbox"/>	PACKAGE 1: Sports Center Membership - \$65/mo, \$780/yr	
<input type="checkbox"/>	PACKAGE 2: Sports and Fitness Package - \$79/mo, \$948/yr	
<input type="checkbox"/>	PACKAGE 3: Complete Family Recreation Package - \$85/mo, \$999/yr	
DURATION (CHOOSE 1)		
<input type="checkbox"/>	Annual (365 days)	<input type="checkbox"/> Monthly (EFT or Credit Card Required)
MEMBERSHIP CARDS ____ X \$5 = _____		<input type="checkbox"/> FULL-TIME EMPLOYEE

PLEASE READ AND SIGN THE OTHER SIDE OF THIS APPLICATION

• **LIABILITY RELEASE**

I, on behalf of myself (or as legal guardian for the participating minor), agree that if I (or the participating minor) engage in the recreational activity or class, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I (or the participating minor) may have, or which hereafter accrue, against the City of Rohnert Park as a result of my participation in the event. This release is intended to discharge the City of Rohnert Park, its officers, officials, employees, agents, and volunteers, any other involved public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks by agreeing to participate and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs, executors or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) use of any exercise equipment or facilities which may malfunction or break; (b) our improper maintenance of any exercise equipment or facilities, (c) our negligent instruction or supervision, and (d) slipping and falling while on the premises. I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I am waiving any right that you may have to bring a legal action to assert a claim against us for our negligence.

• **PARENTAL CONSENT**

To be completed for applicants under 18 years of age. I give my consent for my son/daughter (fill out name): _____ to participate in Community Services Department classes/activities, and I execute the above liability release on his/her behalf.

• **RULES**

I acknowledge that I have received and read a copy of the Rules and Regulations of the Callinan Sports and Fitness Center. I understand and agree to be bound by them as they now exist and as they may, from time to time, be amended or supplemented

I understand that my membership (Annual Paid in Advance membership, ongoing membership, Punch Card) is not transferable or refundable, and that I cannot “freeze” my membership for any reason.

• **PACKAGE 3 ONE YEAR AGREEMENT**

Package 3 – Complete Family Recreation Package requires a one year commitment either in the form of purchasing a prepaid non-refundable annual membership or by agreeing to pay no less than 12 monthly payments of the current membership fee. After the completion of this twelve month period if you had already prepaid for a year you may switch to a monthly term or if you are on a monthly term you then cancel at any time ordinarily allowed by our automatic payment policy (see attached).

• **READ BEFORE SIGNING**

I have read and understood the foregoing liability release, parental consent, rules, and package 3 one year agreement (if applicable) and agree to all of their terms and conditions.

Signature: _____ Date: ____/____/____

<u>SFC staff use only:</u>	
Staff member: _____	Date received: ____/____/____
Total fees received: _____ <input type="checkbox"/> Automatic Payment Agreement attached (if applicable)	
Automatic Payment starting date: ____/____/____ <input type="checkbox"/> Locker Rental form attached	