



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



Date _____

• **MEMBER INFORMATION**

Barcode _____

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

• **EMERGENCY CONTACT INFORMATION**

Last name: _____ First name: _____
 Home phone: _____ - _____ - _____ Cell phone: _____ - _____ - _____
 Relationship to member: _____

• **MEMBERSHIP TYPE** Membership Cards \$5 x _____ = _____

INDIVIDUAL MEMBERSHIPS

14 DAY FREE TRIAL – Sports Center Access Expiration Date _____

MEMBERSHIP PACKAGES

PACKAGE 1: Sports Center Membership
 Adult \$29/mo, \$348/yr Senior (60+)/Disabled/Teen (14-17) \$18/mo, \$216/yr

PACKAGE 2: Sports and Fitness Package
 Adult \$36/mo, \$432/yr Senior (60+)/Disabled/Teen (14-17) \$25/mo, \$300/yr

DURATION (select one) Annual (365 days) Monthly (EFT or Credit Card Required)

OTHER

- | | | |
|--|---|-------------|
| <input type="checkbox"/> SILVER SNEAKERS/TIVITY HEALTH | <input type="checkbox"/> PUNCH CARD (14+) 10 Visits | \$50.00 |
| <input type="checkbox"/> P.T. CITY EMPLOYEE | <input type="checkbox"/> PUNCH CARD (14+) 20 Visits | \$90.00 |
| <input type="checkbox"/> F.T. CITY EMPLOYEE | <input type="checkbox"/> JUNIOR ANNUAL (8-13) | \$30.00/yr. |

PLEASE READ AND SIGN THE OTHER SIDE OF THIS APPLICATION

CALLINAN SPORTS AND FITNESS CENTER LIABILITY RELEASE

• **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.

• **READ BEFORE SIGNING**

I have read and understood the foregoing liability release, and parental consent, and agree to all of their terms and conditions.

Signature: _____ **Date:** ____/____/____

SFC staff use only:

Locker Rental form attached Disability form attached Automatic Payment Agreement attached

Staff member: _____ Date received: ____/____/____ Total fees received: _____

Automatic Payment starting date: ____/____/____