EXPIRES	
☐ FULL	PAYMENT

SALINE REC CENTER MEMBERSHIP AGREEMENT



RECURRING BILLING								
PLEASE PRINT								
Name					Gender			
					Male	☐ Female		
Street Address				Do you live, work, or own property within the Saline Area School District?				
					Yes	□ No		
City					Zip Code			
Date of Birth	Email Address	Email Address						
Cell Phone	Phone 2			Preferred Contact Method				
				☐ Cell ☐ Phone 2 ☐ Email ☐ Text				
L Out of Francis Control								
In Case of Emergency, Contact					Phone			
Family Members: Those persons living together as parent/guardian and dependents claimed on Income Tax. Others, living in the household, may be included as Members at an Additional Cost.								
Name			ate of Birth	Gender				
1					Male	☐ Female		
2				Male	☐ Female			
3				Male	☐ Female			
4				Male	☐ Female			
5				Male	☐ Female			
6				Male	☐ Female			
I understand and agree that the use of the Recreation Center shall be at applicant(s) risk. User/member represents that user/member has disclosed in writing to the Recreation Center any physical condition that may limit user/member's activities and except as disclosed, user/member is able to undertake the physical exercise and use of facilities provided by the Recreation Center. However, disclosure of physical conditions shall not relieve user/member of his or her sole responsibility of appropriately and safely limiting activities to take into account such physical conditions and limitations. The Recreation Center shall not be liable for any injuries or damages to any person or property whatsoever arising out of, or in connection with, the use of the facilities where the same are caused by or result from actions of the user/member. User/member hereby releases and discharges the Recreation Center from all claims, demands, actions or causes of action related to any such injuries or damage. Signature is taking responsibility for all on form as well as the receipt and understanding of the membership handbook. Nothing in this membership agreement shall act to diminish or abrogate governmental immunity. I also understand there are no refunds on Rec Center memberships.								
Signature				Date				
ADMINISTRATION USE								
	·							
Package Resident Non-Resident Corporate Membership								
Start Date / Contract Date From End D	То	Amount Paid in Full		Recurring Bil	ling Amount Per Month			
Method of Payment ☐ Cash ☐ Check ☐ (Credit 🗆 C	Other	Notes					
Application Confirmation ID Residency Proof Old File Pulled New Member Packet Corporate Copy to File								
Employee Name				Date				