

# MEMBERSHIP APPLICATION

## Welcome to the Claremont Savings Bank Community Center!

We appreciate your patronage and ask that all guests follow three basic policies as they enjoy the facility.

- BE RESPECTFUL.** The facility is here for everyone to enjoy. Damage to the facility increases costs, creates an unsafe atmosphere, and prevents others from enjoying their experience. Please use the facility with care.
- BE COURTEOUS.** All patrons are here to enjoy the benefits of recreation. Please be considerate of others who are using the same area or equipment.
- ASK QUESTIONS.** If you are unsure of how to use any part of the Center, or have questions about classes and activities, please ask. Facility staff is available during all open hours to assist every patron.

## RULES & REGULATIONS

- Every participant must have a membership or purchase a daily pass and must check in at the front desk at the entrance of the building.
- Day passes and memberships are available to Claremont residents and non-residents.
- Proof of residency is required for Claremont residents.
- No one 16 years of age and under is allowed in the cardio/fitness area unless they have completed the youth fitness orientation training. Upon completion, your membership cards will reflect the trainer and date of training.
- Children 10 years of age and under must be accompanied by a person 16 years of age or older while in the facility. Parents should be within arms reach of swimmers.
- Some equipment may have specific rules that may not exist in other areas. Please ask if you have questions.
- Our facility is a water only vending facility. When using the function rooms, food and drink must be kept in the kitchen, meeting room areas, or lobby and game room (when served).
- Patrons who damage the facility or abuse the privileges of others may forfeit the ability to use the Center without refund.

## MEMBERSHIP RATES

Non-residents	FAMILY (up to 4 persons)	ADULT (ages 18+)	YOUTH (ages 5-17)	SENIOR (ages 60+)
3 MONTH (90 days)		\$200	\$65	\$65
ANNUAL	\$475	\$330	\$170	\$185

Residents	FAMILY (1-4 Members) Add'l. Dependent Child \$75 each	ADULT (ages 18+)	YOUTH (ages 5-17)	SENIOR (ages 60+)
3 MONTH (90 days)		\$150	\$50	\$50
ANNUAL	\$350	\$250	\$130	\$140

**Discounted Rates:** To receive discounted rates, proof of residency in the City of Claremont is required and can be verified by showing your driver's license and/or utility bill with service address as Claremont or City tax bill. Further proof of residency may be required. Examples are: Copy of property tax bill or utility bill with your address and full name listed. A Claremont Resident lives within the City limits AND pays Claremont property tax. Residents who do have an official drivers license with a Claremont address and do not pay property tax may be asked to provide a copy of a lease or renters agreement to be eligible for the resident discount rate. A Claremont mailing address with a 03743 postal code is NOT a guarantee of residency.

**Annual Pass:** No enrollment fee. 1 month membership fee due at time of enrollment. If using an Auto Withdraw deduction from your checking account, savings account or debt/credit card, your payments will be withdrawn on the day of your purchase. Please understand that you will have to renew your membership after your anniversary date expires.

**Family:** Your base rate for a family membership includes 4 members of a household up to a maximum of 2 spouses or state recognized civil unions. Qualifying dependent children 18 years of age and under as well as qualifying dependents 24 years of age and under while enrolled in a full-time course of study at an institution of higher learning, with proof of enrollment, are/is considered part of the family. Additionally, those dependent family members of a household incapable of self-support because of a mental or physical disability are/is considered part of the family. Additional children can be added at \$75.00 for each individual.

APPLICANT NAME:	Mrs. / Mr. / Ms. / Miss: (please indicate)	D.O.B.:
ADDRESS:	CITY/STATE/ZIP:	
PHONE:	EMAIL:	
EMERGENCY CONTACT: (Name & Phone)		RELATIONSHIP:

\_\_\_\_ Check here if you prefer no notification of operational or program changes by email. \*All personal information is confidential and is not shared with other agencies.

Residency identification (driver's license or current utility bill) required at time of pass registration.

**TYPE OF PACKAGE (Use check mark)**

<input type="checkbox"/> RESIDENT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> DAY PASS (ADULT)	<input type="checkbox"/> SENIOR	<input type="checkbox"/> FAMILY
<input type="checkbox"/> NON-RESIDENT	<input type="checkbox"/> 3 MONTH	<input type="checkbox"/> DAY PASS (YOUTH/SENIOR)	<input type="checkbox"/> YOUTH	<input type="checkbox"/> ADULT

**PLEASE NOTE:** 1. The membership will be suspended for non-payment. 2. The customer is responsible for the full cost of package purchased even if customer chooses to terminate agreement prematurely. 3. The city has the right to enforce the agreement. 4. The customer acknowledges the city has the right to pursue a collection action for non-payment and the customer is responsible for the cost.

**PAYMENT METHOD (Annual Package Only)**

- Annual Pass with payment in full
- Annual Pass with Payment Plan (monthly withdrawal)

**AUTO RENEWALS (Takes effect after 1st year)**

Price subject to change at each renewal period. Payment must be made from Checking or Savings Account ONLY, no cards.

- Do not automatically renew
- Pay in full when renewal due
- Use Payment Plan (monthly withdrawal)

**FAMILY PASS HOLDERS ONLY**

FAMILY MEMBER NAME:	MALE/FEMALE:	D.O.B.:
*		
*		
*		
<b>\$75.00 REQUIRED FOR EACH ADDITIONAL MEMBER</b>		

\* INDICATES INCLUDED ADDITIONAL HOUSEHOLD PASSHOLDERS

The undersigned, as a participant, parent/guardian or designee of the above named participants of the Claremont Parks & Recreation Department do understand that in consideration of the City of Claremont I (we) hereby release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participation in any activity sponsored by the Claremont Parks & Recreation Department as no insurance is provided. I (we) recognize and understand that participation requires that all participants be in good health. I (we) declare that all participants are in good health. If a participant is a minor, consent is given for participation in all activities and for any necessary first aid or medical treatment. By signing this document I (we) signify we have read all policies pertaining to participation and agree to abide by such policies.

All pass holders will receive a photo ID Card. The rules and guidelines for the ID card include:

- Cards and memberships are valid for the term indicated on this application and are not transferable. If a card is lost, a replacement may be purchased at the front desk. The cards will remain the property of the Claremont Parks and Recreation Department.
- Pass holders must abide by rules and regulations of the Claremont Savings Bank Community Center or privileges may be revoked. No refunds are given for revoked passes.
- There is a \$5.00 replacement fee for lost, stolen or damaged cards. No refunds for card replacement fees.

No Pass refund requests for annual pass holders. Your account will be suspended until you purchase a new pass ID card. The Claremont Savings Bank Community Center was designed for community activities, recreation and fitness activities. It is the pass holders' responsibility to ensure they and their minor children are sufficiently physically fit and capable to undertake the fitness or recreation activity they choose. It is recommended every person have a routine physical examination performed by competent medical personnel and that the individual consult a physician before beginning any fitness program. The Claremont Savings Bank Community Center, Parks & Recreation, its board, administrator and employees are not responsible for any injury, illness, incapacity or disability arising out of the individual's medical or physical condition or lack of condition, whether such condition is obvious or hidden, or arising out of the member's ordinary or routine use of the facility. As additional consideration for being allowed to use the facilities, on behalf of myself and my family and minor children, I hereby release and covenant not-to-sue Parks & Recreation, its board, administrator and employees for medical condition or lack of condition in conjunction with my or their ordinary or routine use of the center. I certify that all the answers on this application are true and complete, and I understand that any misstatement or omission of fact may be sufficient cause for revocation or adjustment to my membership. I hereby authorize verification of information on this application.

Signature of primary member \_\_\_\_\_  
 (If primary member is under the age of 18, a guardian's signature is required)

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

COPY OF RECEIPT ATTACHED (initial):	PASS # FOR ALL MEMBERS:
PRIMARY MEMBER NAME:	
PROOF OF RESIDENCY (initial): <i>(Utility bill with resident's address or copy of a city tax bill is acceptable.)</i>	CHECK HERE <input type="checkbox"/>