

City of Troy Recreation Center Membership Application

Effective Jan. 1, 2015, there will be one membership plan offered for the entire Recreation Center.

Please Print

Membership Name _____ Date of Birth ____ / ____ / ____

Address _____
City State Zip

Home# _____ Cell# _____ E-mail: _____

Emergency Contact Person _____ Phone# _____ Phone # 2 _____

Pictures are required for members at sign-up. Family membership: All other family members must have their pictures taken the first time they use the membership. This will enable our members to participate in programs and/or use facilities. Please initial here stating that you have read and agreed. _____

Other Family Members Applying to be Included In Family Membership

Any household larger than five (the primary and four additional members) must provide their Federal Income Tax Return to prove that those additional members do live with and are claimed by that household as dependents on their tax return. Household definition: Two adults, legally married. Must be ages 21 and above. Dependent children must be ages 23 and below, and residing in the same household with their parents.

All children and additional family members must live in the same household and must be claimed as dependents on the appropriate tax returns.

Proof of residency: Lease agreement, includes everyone in the household. Driver's license or a voting registration photo ID is required for applicants. If the family members have different last names they must be able to prove their relationship and residency status on their tax returns. No limit on the number of people on a Family Membership if all other requirements are met. If a child has a different last name from the parent, a copy of the birth certificate of the child must be provided.

First Name	Last Name	Date of Birth	Relationship

Membership Categories

	Monthly	Annual		Monthly	Annual
<input type="checkbox"/> Individual	\$30	\$325	<input type="checkbox"/> COT Individual	\$20	\$200
<input type="checkbox"/> Family	\$45	\$485	<input type="checkbox"/> COT Family	\$40	\$400
<input type="checkbox"/> Senior	\$20	\$200	<input type="checkbox"/> CGI Employee	\$25	\$270
<input type="checkbox"/> Senior Couple	\$25	\$250	<input type="checkbox"/> CGI Family	NA	NA
<input type="checkbox"/> Military Individual	\$20	\$200	<input type="checkbox"/> Corporate Individual	\$25	\$270
<input type="checkbox"/> Military Family	\$40	\$400	<input type="checkbox"/> Corporate Family	\$40	\$400

*** A senior is determined by an individual age 55 and above. Military I.D. required for any Military membership**

Consumer Protection (initial)

Member has the right to cancel this agreement within three (3) business days from signing by giving written notification to TPRD in person or by certified or registered mail. This agreement shall automatically be cancelled upon the death or permanent disability of Member. Billing inquiries should be directed to 334-670-6050.

Release of Liability

Member agrees to fully comply with all TPRD rules and regulations. TPRD reserves the right to change its rules and regulations in its sole and absolute discretion. TPRD reserves the right to terminate any membership at any time. Non-payment of fees, unacceptable behavior, including inappropriate conduct or dress may be causes for immediate termination of membership. TPRD management has the right to ask a member to wear appropriate attire. Upon any termination or cancellation of this agreement, member must return all membership cards and pay all fees due and payable. Member represents that he or she is in good physical condition and able to use TPRD facilities. Member fully understands and agrees that in participating in one or more of TPRD programs offered therein, there is the possibility of accidental or other physical injury. Member further agrees to assume the risk of such injury and agrees to indemnify and hold harmless TPRD from any and all liability resulting from the actions of Members at the facilities. Member agrees to be responsible for any damage to property caused by Member. It is a policy of TPRD that any individual participating in an exercise program should consult a physician before purchasing a membership and joining the facility. Membership and participation in this facility constitutes permission to use likeness in promotional materials. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the Troy Parks and Recreation Department, the City of Troy, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my membership and participation.

SIGNATURE

I hereby authorize the membership payment method selected and have read and understand the above membership agreement and I agree to its terms and conditions. I also understand that this is a legal and binding contract.

Signature _____ Date _____

STAFF USE ONLY

Enrollment Fee \$ _____ Total Received \$ _____ Cash / Check / Credit Card

Membership Type: _____

DL # _____ State _____ CK # _____