

MEMBERSHIP APPLICATION FORM

Randleman Community Center
 144 West Academy St
 Randleman, NC 27317
 336-495-7525

Name: _____ Date of Birth: _____
Last First MI

Address: _____

City: _____ Zip Code: _____

Home #: _____ Business #: _____

In case of emergency contact: _____ Phone #: _____

Spouse Name: _____ Date of Birth: _____

Name of Children	Date of Birth
_____	_____
_____	_____
_____	_____

Membership Rates City & Non-City Residents		
	<u>Inside</u>	<u>Outside</u>
___ Daily all ages	\$ 5.00	\$ 5.00
___ Youth (12 & Under)	Free	\$15.00
___ Adult (13 & Over)	\$15.00	\$25.00
___ Couples (Adult)	\$25.00	\$35.00
___ Family (3 or more)	\$35.00	\$45.00
___ Senior Citizens (60 & over)	\$10.00	\$20.00

Inside City _____ Outside City _____

INFORMED CONSENT WAIVER

I, the undersigned, wish to participate in the fitness program as offered by the City of Randleman Parks and Recreation Dept. I certify that I am physically able to participate in any activities in which I will take part. I also certify that I will use good judgment while exercising and will not overexert. I recognize that I am responsible for knowledge of my own state of health, and will advise the Recreation Staff of any problems related to exercise.

I accept any and all responsibility and assume the risk of any and all injury or damage to my person which may arise, whether directly or indirectly as a result of my participation in the fitness program. I hereby release and hold harmless from any liability whatsoever the City of Randleman as well as its affiliates, directors, officers, employees, and representatives.

Applicant's Signature: _____ Date: _____