



# Membership Registration Form

## Primary Adult Member Information:

|                              |                  |                      |  |          |
|------------------------------|------------------|----------------------|--|----------|
| <input type="text"/>         |                  |                      |  |          |
| First Name                   | MI               | Last Name            | Date of Birth  | Gender   |
| <input type="text"/>         |                  |                      |  |          |
| Home Address                 | City             |                      | State  | Zip Code |
| <input type="text"/>         |                  |                      |  |          |
| Phone Number                 | Alternate Number |                      | Email Address  |          |
| Who is your mobile provider? |                  | <input type="text"/> | Would you like to receive text alerts?                   |          |
|                              |                  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |

## Second Adult Member Information:

|                              |                  |                      |  |          |
|------------------------------|------------------|----------------------|--|----------|
| <input type="text"/>         |                  |                      |  |          |
| First Name                   | MI               | Last Name            | Date of Birth  | Gender   |
| <input type="text"/>         |                  |                      |  |          |
| Home Address                 | City             |                      | State  | Zip Code |
| <input type="text"/>         |                  |                      |  |          |
| Phone Number                 | Alternate Number |                      | Email Address  |          |
| Who is your mobile provider? |                  | <input type="text"/> | Would you like to receive text alerts?                   |          |
|                              |                  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |

## Emergency Contact Information: (Required)

|                         |  |
|-------------------------|--|
| <input type="text"/>    |  |
| Emergency Contact Name  |  |
| <input type="text"/>    |  |
| Emergency Contact Phone |  |

*For Office use only:*

Date: \_\_\_\_\_

Staff: \_\_\_\_\_



# Membership Registration Form

## Membership

- Membership       Non-Membership

## Membership Type:

- Resident       Non-Resident

## Membership Payment Options:

- Annual       Monthly

## Membership Categories:

- Adult (18+ Yrs)       Family (2 adults and children  
in the same household)
- Senior Citizen (60+ Yrs)       Youth (0-12 Yrs)
- Senior Couple (60+ Yrs Ea)       Teen (13-17 Yrs)
- Single Parent Family  
(1 Adult and Children)

## Membership Programs: ID required to receive discount (10% Discount)

- Veterans

## Membership Changes:

- Change of Address       Change of Draft Date:
- Add/Delete Members from Account       Change of Emergency Contact Information
- Change of Payment Type:  
Add/Delete Additional Payment       Change of Membership type

## How did you hear about us?



# Membership Registration Form

## Dependents:

|                      |    |           |               |        |            |
|----------------------|----|-----------|---------------|--------|------------|
| <input type="text"/> |    |           |               |        | Add/Delete |
| First Name           | MI | Last Name | Date of Birth | Gender |            |
| <input type="text"/> |    |           |               |        | Add/Delete |
| First Name           | MI | Last Name | Date of Birth | Gender |            |
| <input type="text"/> |    |           |               |        | Add/Delete |
| First Name           | MI | Last Name | Date of Birth | Gender |            |
| <input type="text"/> |    |           |               |        | Add/Delete |
| First Name           | MI | Last Name | Date of Birth | Gender |            |
| <input type="text"/> |    |           |               |        | Add/Delete |
| First Name           | MI | Last Name | Date of Birth | Gender |            |

## Payment Authorization for Membership Dues Payment Type:

Banking (EFT)     Credit Card

## EFT Account Information: (Please attach voided check)

Name of bank:

Checking Account    Account Number

Savings Account    Routing Number

## Credit Card Authorization:

Visa     MasterCard     Amex     Discover

Credit Card Number

Expiration     CVV



# Membership Registration Form

I have given authority to the above listed Bank and Credit Card Company to honor pre-authorized payments drawn by the Newtown Community Center on my account for the membership payments as indicated in this contract. It is understood that the Newtown Community Centers sending of a pre-authorized payment to the Bank or Credit Card Company as payment becomes due shall constitute valid notice of such payment due on this membership. When the Bank or Credit Card Company honors the payment by charging my account, such payment shall constitute my receipt. Should any pre-authorized payment not be honored by said Bank or Credit Card Company when received by them then it is understood that payment is to be made by me in the amount of said payment.

- a. This is a continuous membership plan. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the Newtown Community Center 30 days written notice.*
- b. Should any membership draft not be honored by my Bank or Credit Card Company for any reason, I realize that I am responsible for that payment plus a \$15 Service Charge applied by the Newtown Community Center and any service fee my Bank or Credit Card Company may charge.*
- c. All billing discrepancies must be reported within 90 days of the original transaction date. Automatic drafts will be withdrawn on the business day closest to my assigned draft date. If the Newtown Community Center's first attempt to charge my card is declined, the Newtown Community Center reserved the right to retry the charge within 5 business days of original attempt.*
- d. The Newtown Community Center may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least a four-week notice prior to any such change.*
- e. Membership Cards are property of the Newtown Community Center and must be surrendered upon demand of the institution. Lost cards will be replaced for a \$5 fee per card.*

Name as it appears  
on Credit Card (Print)

Date:

Signature:



Newtown  
COMMUNITY CENTER

# Facility Liability Waiver

The undersigned participant hereby assumes and agrees that the Newtown Community Center, its directors, employees, organizers, sponsors and independent contracting staff are not liable for, responsible for, and does not assume any liability, responsibility, or obligations for any and all claims, damages, obligations, injuries, accidental or otherwise including actions or omissions by other persons, which may happen or occur upon the premises of the Newtown Community Center prior to, during while participating in, or subsequent to any activity of the Community Center. The undersigned individual acknowledges that the Newtown Community Center does not carry an accident or health insurance policy on members or participants at any time. The Newtown Community Center is not liable for loss or theft of property from our facility and should be reported to staff immediately. Participation is at my/my child's own risk.

The Community Center will conduct regular screenings of sex offenders on all members and program participants and guests. If a sex offender match occurs in our facility, the Newtown Community Center reserves the right to cancel membership, end program participation and remove all access for the individual to our facility.

The undersigned individual hereby discharges, releases and waives the Newtown Community Center from all responsibility in connection therewith.

Photo release: The Newtown Community Center may videotape or take photographs of participants enrolled in activities and or programs. Photos and or videotapes may be used for promotional purposes. If you do not wish for the use of such photography by the Newtown Community Center staff, you must notify the Community Center Director in writing prior to participation.

I release, discharge and waive all responsibility of the Newtown Community Center from and against any liability that may occur due to participation.

The agreement by the undersigned is for him/her, his/her heirs, executors, administrators, successors and assigns, and for minor children, which he/she may by guardian or conservator of.

## Names on Membership

Print Name:

Signature:

Date:

*For Office use only:*

Date: \_\_\_\_\_

Staff: \_\_\_\_\_