

CEDAR RIVER COMPLEX

MEMBERSHIP APPLICATION

EVENTS CENTER WELLNESS CENTER AUDITORIUM



CEDAR
RIVER
COMPLEX

TM: _____ DATE: _____ START DATE: _____ TOTAL # OF MEMBERS: _____

CRC ID #

Name _____	ID# _____	Name _____	ID# _____
Name _____	ID# _____	Name _____	ID# _____
Name _____	ID# _____	Name _____	ID# _____
Name _____	ID# _____	Name _____	ID# _____

PRIMARY MEMBER INFORMATION:

(Please Print)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ County: _____

Cell Phone: _____ Date of Birth: _____

Work Phone: _____ Gender: Male / Female

E-mail: _____

Primary Member's Employer: _____

SUB-MEMBER INFORMATION:

(Please list all applicable family members to be included in couple or family memberships)

Name	Relationship to Primary Member	Gender	Date of Birth (mm/dd/yyyy)
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	

EMERGENCY INFORMATION:

(Someone who is **NOT** part of this membership)

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

MEDICAL INFORMATION:

(State member's name and any medical information that would be helpful for CRC team members in case of an emergency)

MEMBERSHIP OPTIONS:

	Monthly	Annually
<input type="checkbox"/> YOUTH - Age 4 to 18 (Children 3 and under are free with a paid parent, adult, or guardian)	\$20.00/month	\$240.00/year
<input type="checkbox"/> YOUNG ADULT - Ages 19 to 24	\$24.00/month	\$288.00/year
<input type="checkbox"/> SENIOR SINGLE - Age 62 and up	\$25.00/month	\$300.00/year
<input type="checkbox"/> SINGLE - Age 25 to 61	\$32.00/month	\$384.00/year
<input type="checkbox"/> SENIOR COUPLE - Consists of spouses/significant others living in the same household with at least one membership partner age 62+ to qualify.	\$37.00/month	\$444.00/year
<input type="checkbox"/> COUPLE - Two people living in the <i>same household</i> . May consist of spouses/significant others or parent/child.	\$43.00/month	\$516.00/year
<input type="checkbox"/> FAMILY - Three or more family members living in the <i>same household</i> . Consists of parents/guardians and their dependent children age 4 to 24.	\$55.00/month	\$660.00/year

PAYMENT OPTIONS:

- ☐ MONTHLY - Convenient monthly automatic withdrawal from account (ACH).
- ☐ ANNUALLY - Annual membership fee paid once a year when membership is up for renewal.
- ☐ BUSINESS - Membership is paid through a business account and receives a 10% discount and the Activation Fee is waived.
- ☐ A \$40.00 Activation Fee will be charged in addition to the membership fees to start your membership.
- ☐ NON SUFFICIENT FUNDS - If monthly membership fee fails to process, a required \$10.00 fee will be charged on the account.

SIGN UP FOR CRC TEXT ALERTS

Sign up for the CRC's Text Alerts to get the latest details on last minute classes, cancellations, and other important announcements!

TEXT "JOIN" TO 641-832-3600 TO SIGN UP!

MEMBER SIGNATURE

As the Primary member of this CRC Membership, I agree to abide by the policies set forth by the CRC member guide. A parent or guardian signature is required for a youth membership. I understand if I cancel my membership within the first 12 months, a \$50.00 cancellation fee will be incurred. Cancellation must be given by the 25th of the current month to cancel for the following month.

Member Signature: _____ Date: _____



METHOD OF PAYMENT

(Please include a voided check below)

Name: _____ CRC ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

AUTOMATIC WITHDRAWAL FROM ACCOUNT (ACH)

Bank Name: _____ City: _____ State: _____ Zip: _____

Bank Routing Number: _____ Type of Account: ☐ Checking ☐ Savings

Account Number: _____

I authorize the Cedar River Complex to charge the above account based upon the services I have agreed on.

Signature: _____ **Date:** _____

CREDIT CARD

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ 3 Digit Code: _____

I authorize the Cedar River Complex to charge the above credit card based upon the services I have agreed on.

Signature: _____ **Date:** _____

VOIDED CHECK

CEDAR RIVER COMPLEX CRC WAIVER & CONSENT FORM



EVENTS CENTER WELLNESS CENTER AUDITORIUM

(Please Print)

Name: _____ CRC ID#: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ E-mail: _____

Cell Phone: _____

Emergency Contact: _____ Phone: _____

Please list all members included in your CRC membership. Family members age 3 and under record date of birth.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

By signing below, I am affirmatively representing that I/we along with minors, are physically able and well enough to participate in personal fitness regimens, fitness classes, programs, and events hosted and facilitated by the Cedar River Complex. I am not aware of any condition or any physical defect that would cause me to be unable to participate and use the facility, or that would otherwise result in injury to myself or others or aggravate any medical, health or physical state.

I/we hereby waive, release, and forever discharge CRC, its employees, board members, volunteers, City of Osage, Osage School District, Osage Education Foundation, Mitchell County Ag Society, Mitchell County Historical Society, Osage Municipal utilities, 28 E Board and all others from any and all responsibility of liability for injuries, illnesses, or damages resulting from participation or loss of personal property in any activity and for the use of equipment or machinery at the CRC whether indoors, outdoors, supervised, or unsupervised. I agree to hold CRC team members and related partners free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury, or property damage that I/ we and minors may sustain while participating in CRC activities.

I/we assume all risk associated with using the Cedar River Complex, all such risks being known or which I am unaware are understood by me/ us. I/we agree to abide by the rules and regulations of the CRC. By signing this waiver I/we am signifying that I/ we fully understand its significance.

The CRC has my permission to use photographs taken during programs, events, fitness classes, etc. to be potentially used for marketing materials such as web content, Facebook, printed materials, etc.

Medical Information (please circle conditions that apply to you or anyone included in your CRC membership or non-member participants and indicate the name(s) associated with the health condition):

Allergies _____	Arthritis _____	Asthma _____
Blood Clots _____	Chronic Injuries _____	Diabetes _____
Epilepsy _____	Fibromyalgia _____	Headaches _____
Heart Condition _____	Pregnancy (current) _____	High Blood Pressure _____
Low Blood Pressure _____	Spinal Problems _____	Surgeries _____

Signature: _____ **Date:** _____

If participant is under age 18, a parent or guardian must sign.