

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

PRIMARY MEMBER INFORMATION:

(Please Print)

Name: _____

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

Home Phone: _____ Gender: Male / Female

Cell Phone: _____ Date of Birth: _____

E-mail: _____

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)	Cell Phone # and Email
		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)

CRC WELLNESS CENTER 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)	\$22.00/month	\$264.00/year
<input type="checkbox"/> YOUNG ADULT - Ages 19 to 24	\$26.00/month	\$312.00/year
<input type="checkbox"/> SINGLE - Age 25 to 61	\$35.00/month	\$420.00/year
<input type="checkbox"/> COUPLE - Two people living in the <i>same household</i> . Consists of spouses/significant others or parent/child.	\$46.00/month	\$552.00/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.	\$60.00/month	\$720.00/year
<input type="checkbox"/> SENIOR SINGLE - Age 62 and up	\$28.00/month	\$336.00/year
<input type="checkbox"/> SENIOR COUPLE - Consists of spouses/significant others living in the <i>same household</i> with both membership partners age 62+ to qualify.	\$40.00/month	\$480.00/year

☐ **24HourFit+ Add-On** - \$7.00 per person, per month

* Pertains to members with a current CRC Membership **ONLY**; **ages 14 and up**

* Monthly payments accepted **ONLY** with Add-On option

Number of Add-On Members: _____

Names: _____

Payment Options for CRC Wellness Center Membership:

☐ **MONTHLY** - Convenient monthly automatic withdrawal from account (*ACH preferred).

☐ **ANNUALLY** - Annual membership fee paid once a year when membership is up for renewal.
(If applicable, 24HourFit+ Add-Ons will be billed monthly).

☐ **BUSINESS** - Membership is paid through a business account and receives a 10% discount and the Activation Fee is waived.

Primary Member's Employer: _____

CRC 24HourFit+ MEMBERSHIP OPTIONS:

	Monthly
<input type="checkbox"/> YOUTH - Ages 14 and 15 <i>*Accessible hours for a Youth Membership are 5 AM - 10 PM ONLY.</i>	\$35.00/month
<input type="checkbox"/> SINGLE - Ages 16 and up <i>*Accessible access 24/7.</i>	\$35.00/month

Payment Option for CRC 24HourFit+ Membership:

☐ **MONTHLY** - Convenient monthly automatic withdrawal from account (ACH).

MEMBER SIGNATURE

As the Primary member of this CRC Membership, I agree to abide by the policies set forth by the CRC.
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.

A \$25.00 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.

Member Signature: _____

Date: _____

PRIMARY MEMBER PAYMENT INFORMATION:

Name: _____ Cell Phone #: _____

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

AUTOMATIC WITHDRAWAL FROM BANK ACCOUNT (ACH)

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

Bank Routing Number: _____

Account Number: _____

VOIDED CHECK

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 payment above based upon the services I have agreed on.
Membership fees are withdrawn on the first of each month.***

Signature: _____ Date: _____

Name: _____

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

Cell Phone: _____ Home Phone: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

List all members of your household (with dates of birth).

Name: _____	DOB: _____	Name: _____	DOB: _____
Name: _____	DOB: _____	Name: _____	DOB: _____
Name: _____	DOB: _____	Name: _____	DOB: _____
Name: _____	DOB: _____	Name: _____	DOB: _____

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, Mitchell County Ag 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.

All of the above information applies to all areas of the CRC, including but not limited to, the CRC Wellness Center (including 24HourFit+), CRC Fine Arts Center, CRC Aquatics Center, and the CRC Events Center.

Signature: _____ **Date:** _____

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