# Rittman Recreation Center
## Membership Renewal Form

**Staff Use ONLY**
Date Entered (Comp):_____ Staff:_____

Type:_____ Expiration:_____

☐ Resident ☐ Adult ☐ Youth ☐ Family ☐ Senior ☐ Sr Couple ☐ Corp.
☐ Non Resident ☐ Monthly ☐ Quarterly ☐ Annually

Names on Application: _____ Date of Birth:_____
_____ Date of Birth:_____
_____ Date of Birth:_____
_____ Date of Birth:_____
_____ Date of Birth:_____

Address:_____
Street City Zip

Home Phone Number: (_____)_____

**Type of Membership (please check one):**

| RESIDENT | | | | | NON RESIDENT | | | |
|---|---|---|---|---|---|---|---|---|
| Type | Monthly | Quarterly | Annually | | Type | Monthly | Quarterly | Annually |
| Adult | | | | | Adult | | | |
| Youth | | | | | Youth | | | |
| Family | | | | | Family | | | |
| Senior | | | | | Senior | | | |
| Senior Couples | | | | | Senior Couples | | | |
| | | | | | Corporate | | | |

## Agreement and Authorization:

By signing this form I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that membership at the Rittman Recreation Center is non-transferable and non-refundable. I understand that I take responsibility for the accuracy and completeness of all the information filled in on this form by me. I also realize that updating of this information is solely my responsibility, and I hereby release all other parties from any and all responsibility. I understand that this Agreement is binding on myself, as well as my legal representatives and heirs. Authorization is also given to the City of Rittman to release the information on this application to emergency callers. I also understand that there is a five dollar one-time application fee required for each person on this membership application. In addition, I give my permission to have my/my child's photo taken during classes/programs/events, used for publicity purposes by the City of Rittman Parks and Recreation Department.

## Waiver and Release – (READ CAREFULLY and SIGN AT THE BOTTOM)

As a participant in this and any other program of the City of Rittman Parks and Recreation Department, I/we recognize and acknowledge that there are certain risks and I/we agree to assume all such risks including any damages resulting from physical injuries, death, loss of service or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. In consideration of the Rittman Parks and Recreation Department accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Rittman Parks and Recreation Department. Furthermore, I promise not to sue the City of Rittman Parks and Recreation Department and its officers, agents, servants, employees, and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage of property, or any other loss to me on account of my participation in this and all other programs of the City of Rittman Parks and Recreation Department

⇒ Signature:_____ Date:_____
If under 18 years old, **MUST** be signed by a parent or guardian.

## *STAFF USE ONLY*

Total Amount Paid:_____ Method of Payment: ☐ Cash ☐ Card ☐ Check (check #:_____) ☐ Payroll Deduction

Staff Name:_____ Date of Payment:_____

Pass Expiration Date:_____ Membership Cards Issued? ☐ Yes ☐ No