



# Edward M. Armfield, Sr. Civic and Recreation Center, Inc. Membership Application

New Membership     Re-Activate     Information Change     Other

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Join Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Responsible Party (IF YOUTH MEMBERSHIP) \_\_\_\_\_

Address (IF DIFFERENT) \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Office Use Only	Membership Type	Joiners Fee*	Yearly Fee With Discount	Monthly Bank Draft
Yearly    Monthly				

**MEMBERSHIP INFORMATION:** If account information is provided, I hereby authorize the Edward M. Armfield, Sr. Civic and Recreation Center, Inc. (hereafter known as Center) to draft the cost of my membership from the bank or credit/debit card account indicated on my bank draft form. **I understand that a Center bank draft is continuous until a bank draft cancellation form is signed in person Monday – Friday 8:00 AM – 5:00 PM at the Center.** The Center requires 15 days notice prior to your draft date to terminate bank draft memberships. I understand that the Center reserves the right to suspend or terminate membership privileges and to increase membership fees with a 30 day notification. I understand that membership fees are **not refundable** and membership cards are not transferable. All account information is strictly confidential.

**Fitness Orientation:** The fitness director at the Armfield Center will provide a tour of the equipment and instruction on how to use the nautilus machines, aerobic machines and free weight room. Each member is entitled to this free service. Please indicate if you would like to take advantage of this service. The fitness director will contact you directly to set up a convenient time.

I accept \_\_\_\_\_, waive \_\_\_\_\_, the fitness evaluation. (Initial One)

**PRIVACY COMMITMENT:** As a valued member, we are committed to providing you with exceptional services. We want you to understand what information we collect is strictly confidential.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only				
Membership Fee	\$ _____	Payment Type:	CC    Check    Cash	
Pro-Rated Amount	\$ _____		Check # _____	
Key Tag Activation Fee	\$ _____		Receipt # _____	
Total Amount	\$ _____			

**EDWARD M. ARMFIELD CIVIC CENTER  
873 OLD US 52 BYP W  
PILOT MOUNTAIN, NC 27041**

**PARTICIPANT RELEASE  
OF LIABILITY  
READ BEFORE SIGNING**

**Member's Name**

---

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and, **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Edward M Armfield Civic Center**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**SIGNATURE REQUIRED FOR EACH MEMBER 18 YEARS OF AGE AND OLDER.**

X \_\_\_\_\_  
PARTICIPANTS SIGNATURE                      AGE                      DATE

X \_\_\_\_\_  
PARTICIPANTS SIGNATURE                      AGE                      DATE

X \_\_\_\_\_  
PARTICIPANTS SIGNATURE                      AGE                      DATE

X \_\_\_\_\_  
PARTICIPANTS SIGNATURE                      AGE                      DATE

