



Edward M. Armfield, Sr. Civic and Recreation Center, Inc.

POOL ONLY 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 _____

Dependent _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Office Use Only	Membership Type	Joiners Fee*	Yearly Fee With Discount	Monthly Bank Draft
Yearly Monthly	Family POOL ONLY	N/A	\$616.00	\$56.00
Yearly Monthly	Individual POOL ONLY	N/A	\$313.50	\$28.50
Yearly Monthly	Child Pool ONLY (ages 5-17)	N/A	\$187.00	\$17.00

I understand that by purchasing the POOL ONLY membership, I will only have access to the pool during specific hours. Available hours will change each season (fall, winter, spring and summer) based on activities in the pool. I also understand that due to occasional pool closings due to special events I may not have access to the pool during regular times. Any closings will be posted in advance for your convenience. Initial _____

By purchasing a POOL ONLY membership, I understand that I do not have access to any other part of the facility or amenities. Initial _____

I understand that I must purchase a key tag (a minimum of one per adult) to be able to enter and exit the pool. Upon termination of my membership, said key tag remains property of the facility. Initial _____

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 debit/credit 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 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.

LIABILITY WAIVER: I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Edward M. Armfield Sr. Civic and Recreation Center, Inc. (hereafter known as Center) or their respective agents, representatives, successors, and assigns for any injuries which may be suffered by me in connection with my participation of any activities sponsored by the Center. I understand that I am responsible for monitoring my own condition throughout my activities at the Center. I know that as a new member I have the right to a Fitness Center orientation and a new member fitness evaluation.

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	\$ _____		