



# MEMBERSHIP APPLICATION

Date Received: \_\_\_\_\_



42 Community Drive PO Box 305 570-925-0163 www.n4cs.org

Please fill in all appropriate spaces and sign the waiver on the next page. All first time registrants must show proof of residency (driver's license, vehicle registration, etc.) when registering. **Payment is due at the time of registration.**



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: F / M DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scan Code: NC \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ \*receipts sent via email

Alternate E-mail: \_\_\_\_\_ Silver Sneakers ID: \_\_\_\_\_

Head of Household? Y / N First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Membership Type

	1 Month	3 Months	6 Months	1 Year
Youth (12 and under)	\$19	\$37	\$56	\$80
Teen (13-19)	\$23	\$42	\$67	\$103
Young Adult (20-25)	\$33	\$58	\$111	\$161
Adult (26-61)	\$44	\$81	\$160	\$253
Senior Adult (62+)	\$37	\$74	\$148	\$218
Family	\$74	\$143	\$279	\$461
Single Parent Family	\$67	\$127	\$245	\$392
Senior Adult Family	\$62	\$120	\$234	\$369

Silver Sneakers: Y / N Prime: Y / N Charter Member: Y / N Military 10%: Y / N

## Additional Family Members

Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scan Code: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scan Code: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scan Code: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scan Code: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Scan Code: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical History

Do you have current Health Insurance Coverage? Y / N Provider: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Additional Family Members Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

## Medical Release

I release the Northern Columbia Community and Cultural Center from any and all liability, loss, costs, damage, and expenses resulting from any injuries (including death) suffered during my participation in any program or function held by or in conjunction with N4Cs. I knowingly accept the risks and hazards that are associated with, or can arise from physical activity or participation in recreation activities.



## Refund Policy

Memberships are non-refundable except if the following conditions are met:

1. A signed and dated doctors note is provided stating the member is unable to use the facility for medically related reasons.
2. Proof of relocation outside of 20 miles of N4Cs

**Any other requests for refunds must be approved by the Executive Director of N4Cs**



## Office Use Only

Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Payment Method: CASH ECH - ECH form attached: Y / N

CHECK- CK# \_\_\_\_\_

CREDIT CARD

Staff Name: \_\_\_\_\_ Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Member and Participant Agreement

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I acknowledge and assume the risks of property damage, accidents, injuries (including death), loss of bodily functions, disabilities, medical disorders, pain and suffering, lost income and medical expenses that arise from participation in any program or activity offered by N4Cs, and my use of facilities, transportation services, premises and equipment provided by N4Cs. I further acknowledge that the foregoing risks may arise from my own action or inaction, the action or inaction of other program or activity participants, the conditions under which a program or activity is conducted, or from the negligent actions or inaction (including any failure to warn) of N4Cs personnel, contractors or service providers. In consideration of being allowed to participate in programs or activities offered by N4Cs, I hereby release, waive and discharge N4Cs, its officers, officials, employees, agents, volunteers, and contractors (collectively the "Releasees") from any and all liability and all claims of any kind whether for personal injury, property damage or death, arising from participation in any activity or program offered by N4Cs, or arising from the use or publication by Releasees of photographs of my participating in programs or activities offered by N4Cs. In the event that I or anyone else nonetheless makes a claim or files suit against Releasees arising out of any of the above-described matters, I will indemnify and hold Releasees harmless of and from any and all damages or judgements and costs of litigation, including attorney fees. I am signing this agreement freely and voluntarily, having read and understood it and with a fully opportunity to consider its substance and with the intention of fully and unconditionally assuming the risks and releasing the liabilities as described above in this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACCEPTANCE OF MEMBERSHIP TERMS

I hereby accept the policies and procedures set forth by the Northern Columbia Community and Cultural Center and agree to adhere to these policies. I acknowledge and accept the Medical Release, as stated on the previous page. I fully accept that failure to adhere to N4Cs policies can result in termination of my membership, and any other memberships for which I am responsible at the discretion of N4Cs, and with the understanding that no refund will be given for the membership(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIRED PARENT/GUARDIAN SIGNATURE FOR MINOR PARTICIPANTS

By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this agreement as set forth above, including but not expressly limited to those terms and conditions pertaining to the taking of photographs of program and activity participants, the use and publication of such photographs and the release of all claims associated therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARTICIPANT PHOTOGRAPH WAIVER

I acknowledge that the Northern Columbia Community and Cultural Center may take photographs of me, or any dependents of mine participating in programs or activities offered by N4Cs for use and publication in various publications or media, including but not limited to N4Cs website, social media sites, department program brochures or materials, and N4Cs informational, promotional or marketing materials. I hereby expressly grant to the Northern Columbia Community and Cultural Center the right to use and publish such photographs as contemplated herein, all without compensation or payment for such use and publication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_