

Membership Packages for the

Walter F. Ehrnfelt Recreation Center

18100 Royaltown Road, Strongsville, Ohio 44136

440.580.3260

www.strongsville.org

Fees effective as of March 1, 2023

FOUR Membership Options

Option 1: Sign an annual membership contract and pay in full at time of purchase.

Option 2: Sign an annual membership contract and pay monthly by credit card.

Option 3: Sign a 3 month membership contract and pay in full at time of purchase.*

Option 4: Sign a 6 month membership contract and pay in full at time of purchase.*

Full-Time Worker in Strongsville: Includes an employee of a City of Strongsville business or entity working at least 37.5 hours per week. Proof of such status provided through a letter from his/her employer and a current pay stub.

Couple means two adults 19 years of age or older living in the same residence, related or unrelated, which may include spouses, siblings, roommates OR a parent and his/her child between the ages of 4 and 24.

Full-Time College Student means a student currently enrolled in 12 or more credit hours. Proof must be shown at time of purchase or renewal in the form of a current class schedule or tuition bill.

Family means at least one adult and two or more dependent children up to the age of 24 years or two adults and one or more dependent children up to the age of 24 years (if a full-time college student), including stepchildren and adopted children, who have legal residence in the household of the adult(s).

Senior Couple means two individuals who are living in the same residence, one of whom is at least 60 years of age and the other who is at least 50 years of age.

Military/Veteran means an individual who is an active member or veteran of any United States military service and provides proof of veteran status (DD214) or for active members, a military ID.

Resident means an individual who is legally living within a permanent residence in the City of Strongsville.

-Any adults wishing to qualify for a Couple, Senior Couple, or Family membership who do not share the same last name, each MUST provide independent proof of residency upon application.

-Memberships are non-refundable and non-transferable.

**3 and 6 month memberships do not qualify member for member pricing , coupons or member priority registration. May register during resident registration.*

Option 1 *(pay entire year at time of purchase):*

	RESIDENT or <u>FT Worker in Strongsville</u>	<u>NON-RESIDENT</u>
Adult Individual (Ages 19-59)	\$265.00	\$425.00
Couple	\$365.00	\$580.00
Youth Individual (Ages 4-18)	\$165.00	\$290.00
Full-time College Student	\$165.00	\$290.00
Family	\$435.00	\$725.00
Individual Senior (Age 60+)	\$135.00	\$265.00
Senior Couple	\$240.00	\$465.00
Military/Veteran Adult	\$140.00	\$245.00
Military/Veteran Couple	\$240.00	\$400.00
Military/Veteran Youth (Ages 4-18)	\$87.00	\$162.00
Military/Veteran Adult Family	\$290.00	\$510.00

Option 2 *(sign an annual contract and pay by credit card monthly):*

	RESIDENT or <u>FT Worker in Strongsville</u>	<u>NON-RESIDENT</u>
Adult Individual (Ages 19-59)	\$22.09/month	\$35.42/month
Couple	\$30.42/month	\$48.34/month
Youth Individual (Ages 4-18)	\$13.75/month	\$24.17/month
Full-time College Student	\$13.75/month	\$24.17/month
Family	\$36.25/month	\$60.42/month
Individual Senior (Age 60+)	\$11.25/month	\$22.09/month
Senior Couple	\$20.00/month	\$38.75/month
Military/Veteran Adult	\$11.67/month	\$20.42/month
Military/Veteran Couple	\$20.00/month	\$33.34/month
Military/Veteran Youth (Ages 4-18)	\$7.25/month	\$13.50/month
Military/Veteran Adult Family	\$24.17/month	\$42.50/month

Credit Card Payment Plan Information

- The annual membership is broken down into twelve installments plus a \$3 per month processing fee. (Processing fee is NOT included in the above monthly prices.)
- The first payment is due upon the date of purchase and pro-rated from the date of purchase to the end of the current month.
- The remaining eleven payments are charged to your MasterCard, Visa or Discover, as indicated by you, on the 20th of each month, or the next business day if the 20th falls on a weekend or holiday, until the expiration date of the annual contract.
- In the event that a patron defaults on their monthly payment, the membership will be immediately suspended. Patrons will have 10 business days to pay the Ehrnfelt Recreation Center the amount owed for that month and an additional \$10 processing fee.
- In the event the patron does not pay off the balance owed by the 11th business day, the annual membership will be cancelled and any future use of a payment plan option will be denied.

Option 3: THREE Month Membership *(pay entire 3 months at time of purchase):*

	<u>RESIDENT or FT Worker in Strongsville</u>	<u>NON-RESIDENT</u>
Adult Individual (Ages 19-59)	\$80.00	\$128.00
Couple	\$110.00	\$174.00
Youth Individual (Ages 4-18)	\$50.00	\$87.00
Full-time College Student	\$50.00	\$87.00
Family	\$131.00	\$218.00
Individual Senior (Age 60+)	\$41.00	\$80.00
Senior Couple	\$72.00	\$140.00
Military/Veteran Adult	\$42.00	\$74.00
Military/Veteran Couple	\$72.00	\$120.00
Military/Veteran Youth (Ages 4-18)	\$26.00	\$49.00
Military/Veteran Adult Family	\$87.00	\$153.00
<p>-3 month membership valid 93 days from date of purchase -Does not receive member coupons -Does not qualify for member pricing or priority registration. May register during resident registration.</p>		

Option 4: SIX Month Membership *(pay entire 6 months at time of purchase):*

	<u>RESIDENT or FT Worker in Strongsville</u>	<u>NON-RESIDENT</u>
Adult Individual (Ages 19-59)	\$159.00	\$255.00
Couple	\$219.00	\$348.00
Youth Individual (Ages 4-18)	\$99.00	\$174.00
Full-time College Student	\$99.00	\$174.00
Family	\$261.00	\$435.00
Individual Senior (Age 60+)	\$81.00	\$159.00
Senior Couple	\$144.00	\$279.00
Military/Veteran Adult	\$84.00	\$147.00
Military/Veteran Couple	\$144.00	\$240.00
Military/Veteran Youth (Ages 4-18)	\$52.00	\$97.00
Military/Veteran Adult Family	\$174.00	\$306.00
<p>-3 month membership valid 93 days from date of purchase -Does not receive member coupons -Does not qualify for member pricing or priority registration. May register during resident registration.</p>		

Ehrnfelt Recreation Center Annual Membership Application

Option 1: Payment in Full

Circle Membership Strongsville Resident(s) Non-Resident(s) Non-Resident/Full-Time Work

Membership Type (circle one) Family Adult Individual Youth Individual Senior College Couple Senior Couple
Military Adult Military Couple Military Family Military Youth

PRIMARY MEMBER

First Name _____ **M.I.** _____ **Last Name** _____

Address _____ **Zip** _____ **City** _____

Home Phone (____) _____ - _____ **Work Phone** (____) _____ - _____ **Cell Phone** (____) _____ - _____

Birthdate _____ - _____ - _____ **Age** _____ **Sex** _____ **Email** _____

FAMILY

(18 yrs. & under living at above address OR 24 yrs. & under enrolled as full-time college student)

Please list spouse first then all additional family members below spouse.

<u>First Name</u>	<u>Last Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____

All memberships are
NON-REFUNDABLE
and
NON-TRANSFERABLE

EMERGENCY CONTACT NAME _____ **Relationship** _____

Daytime Phone (____) _____ - _____ **Evening Phone** (____) _____ - _____ **Cell Phone** (____) _____ - _____

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 is for one year from the date of application and 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 me, my legal representatives and heirs. Authorization is also given to the City of Strongsville to release the information on this application to emergency callers.

WAIVER AND RELEASE

In consideration of the City of Strongsville and the Strongsville Parks, Recreation & Senior Services Department granting me permission to engage in the recreational activities at the Ehrnfelt Recreation Center, the undersigned does hereby waive, release, save, and hold harmless and indemnify the City of Strongsville, the Strongsville Parks, Recreation & Senior Services Department, their organizers, officers, employees, agents, and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Strongsville, the Strongsville Parks, Recreation & Senior Services Department, their organizers, officers, employees, agents, and sponsors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Strongsville and the Ehrnfelt Recreation Center property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any.

SIGNATURE _____

If under 18 years old, MUST be signed by parent or guardian

DATE _____

"Referral" Name _____

FOR STAFF USE ONLY

PROOF OF RESIDENCY OR FULL-TIME EMPLOYMENT SHOWN: _____

PROOF OF AGE (Ages 12-18 or 60+) OR FULL-TIME COLLEGE SHOWN: _____

PAYMENT TYPE (circle all that apply):

Cash Check # _____ Gift Certificate # _____ Recreation Account \$ _____

Visa / MasterCard / Discover Expire Date _____ V# _____

TTL AMT PAID \$ _____ STAFF NAME _____ DATE _____

MEMBERSHIP BENEFITS

6 PK GUEST PASSES _____

COUPONS _____

MEMBER INITIALS _____
(required)

Ehrnfelt Recreation Center Annual Membership CONTRACT

Option 2: Yearly Contract with Monthly Payment Plan

Circle Membership Strongsville Resident(s) Non-Resident(s) Non-Resident/Full-Time Work

Membership Type (circle one) Family Adult Individual Youth Individual Senior College Couple Senior Couple
Military Adult Military Couple Military Family Military Youth

PRIMARY MEMBER

First Name _____ M.I. _____ Last Name _____

Address _____ Zip _____ City _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Birthdate _____ - _____ - _____ Age _____ Sex _____ Email: _____

FAMILY

(18 yrs. & under living at above address OR 24 yrs. & under enrolled as full-time college student)

Please list spouse first then all additional family members below spouse.

<u>First Name</u>	<u>Last Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____

All memberships are
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and
NON-TRANSFERABLE

EMERGENCY CONTACT NAME _____ **Relationship** _____

Daytime Phone (____) _____ - _____ **Evening Phone** (____) _____ - _____ **Cell Phone** (____) _____ - _____

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Signature _____ Date _____

(If under 18 years old, MUST be signed by parent or guardian)

FOR STAFF USE ONLY

PROOF OF RESIDENCY OR FULL-TIME EMPLOYMENT SHOWN: _____

PROOF OF AGE (Ages 12-18 or 60+) OR FULL-TIME COLLEGE SHOWN: _____

PAYMENT TYPE Visa / MasterCard / Discover Exp Date: _____ V-Code: _____

STAFF _____ **DATE** _____

Option 2 : Page 1

MEMBER BENEFITS

Coupon # _____

Member Initials _____

Guest Pass # _____

Membership "Referral"

Name _____

PAYMENT PLAN BILLING TERMS & CONDITIONS

- The annual membership is broken down into twelve installments plus a \$3 per month processing fee.
- The first payment is due upon the date of purchase and pro-rated from the date of purchase to the end of the current month.
- The remaining eleven payments are charged to your MasterCard, Visa or Discover, as indicated by you, on the 20th of each month, or the next business day if the 20th falls on a weekend or holiday, until the expiration date of the annual contract.
- In the event that a patron defaults on their monthly payment, the membership will be immediately suspended. Patrons will have 10 business days to pay the Ehrnfelt Recreation Center the amount owed for that month and an additional \$10 processing fee.
- In the event the patron does not pay off the balance owed by the 11th business day, the annual membership will be cancelled and, future utilization of the payment plan option will be denied.
- Any changes in account information should be reported to the Ehrnfelt Recreation Center at (440) 580-3260, ext. 5279.

Cost Per Month*: \$_____ Membership Expiration Date: _____

**Includes \$3/month processing fee*

METHOD OF PAYMENT

Credit Card: ___ Visa ___ MasterCard ___ Discover

Last Four # of Card _____ Expiration Date _____ V Code _____

Name as it Appears on Card _____

I, _____, authorize the Ehrnfelt Recreation Center to charge the MasterCard, Visa or Discover account referenced above for the amount and frequency indicated on the payment plan above.

Customer Signature

Date

Ehrnfelt Recreation Center Annual Membership Application

Option 3: THREE MONTHS

(Valid 93 days from date of purchase)

Circle Membership Strongsville Resident(s) Non-Resident(s) Non-Resident/Full-Time Work

Membership Type (circle one) Family Adult Individual Youth Individual Senior College Couple Senior Couple
Military Adult Military Couple Military Family Military Youth

PRIMARY MEMBER

First Name _____ M.I. ____ Last Name _____

Address _____ Zip _____ City _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Birthdate ____ - ____ - ____ Age _____ Sex _____ Email _____

FAMILY

(18 yrs. & under living at above address OR 24 yrs. & under enrolled as full-time college student)

Please list spouse first then all additional family members below spouse.

<u>First Name</u>	<u>Last Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____
_____	_____	____ - ____ - ____	_____	_____

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and
NON-TRANSFERABLE

EMERGENCY CONTACT NAME _____ Relationship _____

Daytime Phone (____) _____ - _____ Evening Phone (____) _____ - _____ Cell Phone (____) _____ - _____

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 is for 93 days from the date of purchase and 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 me, my legal representatives and heirs. Authorization is also given to the City of Strongsville to release the information on this application to emergency callers.

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SIGNATURE

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DATE

“Referral” Name _____

FOR STAFF USE ONLY

PROOF OF RESIDENCY OR FULL-TIME EMPLOYMENT SHOWN:

PROOF OF AGE (Ages 12-18 or 60+) OR FULL-TIME COLLEGE SHOWN:

PAYMENT TYPE (circle all that apply):

Cash Check # _____ Gift Certificate # _____ Recreation Account \$ _____

Visa / MasterCard / Discover Expire Date _____ V# _____

TTL AMT PAID \$ _____ STAFF NAME _____ DATE _____

I understand that this membership does not qualify me to receive member coupons, member rates on programs, rentals etc, or priority member registration. I may register during resident registration.

Signature _____

Ehrnfelt Recreation Center Annual Membership Application

Option 4: SIX MONTHS

(Valid 186 days from date of purchase)

Circle Membership Strongsville Resident(s) Non-Resident(s) Non-Resident/Full-Time Work

Membership Type (circle one) Family Adult Individual Youth Individual Senior College Couple Senior Couple
Military Adult Military Couple Military Family Military Youth

PRIMARY MEMBER

First Name _____ M.I. ____ Last Name _____

Address _____ Zip _____ City _____

Home Phone (____)____-____ Work Phone (____)____-____ Cell Phone (____)____-____

Birthdate ____-____-____ Age _____ Sex _____ Email _____

FAMILY

(18 yrs. & under living at above address OR 24 yrs. & under enrolled as full-time college student)

Please list spouse first then all additional family members below spouse.

<u>First Name</u>	<u>Last Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____
_____	_____	____-____-____	_____	_____

All memberships are
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NON-TRANSFERABLE

EMERGENCY CONTACT NAME _____ **Relationship** _____

Daytime Phone (____)____-____ **Evening Phone** (____)____-____ **Cell Phone** (____)____-____

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 is for 186 days from the date of purchase and 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 me, my legal representatives and heirs. Authorization is also given to the City of Strongsville to release the information on this application to emergency callers.

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SIGNATURE _____

If under 18 years old, MUST be signed by parent or guardian

DATE _____

"Referral" Name _____

FOR STAFF USE ONLY

PROOF OF RESIDENCY OR FULL-TIME EMPLOYMENT SHOWN:

PROOF OF AGE (Ages 12-18 or 60+) OR FULL-TIME COLLEGE SHOWN:

PAYMENT TYPE (circle all that apply):

Cash Check # _____ Gift Certificate # _____ Recreation Account \$ _____

Visa / MasterCard / Discover Expire Date _____ V# _____

TTL AMT PAID \$ _____ STAFF NAME _____ DATE _____

I understand that this membership does not qualify me to receive member coupons, member rates on programs, rentals etc, or priority member registration. I may register during resident registration.

Signature _____