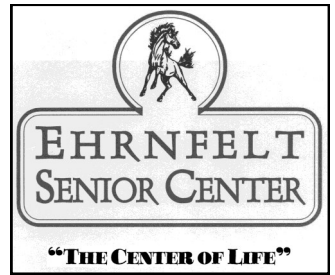


# Annual Membership Application



**MEMBERSHIP TYPE (circle one)**    Single Resident \$20    Resident Couple \$30  
Single Non-Resident \$45    Non-Resident Couple \$60

## PRIMARY MEMBER INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

## SIGNIFICANT OTHER (to be included in membership)

<u>First Name</u>	<u>Last Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>	<u>Emergency Phone</u>
_____	_____	____-____-____	_____	_____	_____
<u>Cell #</u>	_____				

Senior "Referral" Name \_\_\_\_\_  
*(Receive a free lunch for referring a new member)*

## 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 Recreation and Senior Department granting me permission to engage in the recreational activities at the Walter F. Ehrnfelt Recreation and Senior Center or any other site that the City of Strongsville has secured for said recreation activity, the undersigned does hereby waive, release, save, hold harmless and indemnify the City of Strongsville, the Strongsville Recreation and Senior Department, their organizers, officers, employees, agents, and sponsors for any and all claims or damage for personal injury or sickness 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 Recreation and Senior Department, their organizers, officers, employees, agents, and sponsors. The undersigned further assumes the risk of any conditions to which they may be exposed during the course of such activities, and waives any and all notice thereof.

SIGNATURE \_\_\_\_\_ E-Mail \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

## FOR STAFF USE ONLY

### PROOF OF RESIDENCY SHOWN:

### PAYMENT TYPE (circle all that apply):

Cash    Check # \_\_\_\_\_    V/MC/DS    V# \_\_\_\_\_  
Gift Certificate # \_\_\_\_\_    Recreation Account \$ \_\_\_\_\_  
TOTAL AMOUNT PAID \$ \_\_\_\_\_    STAFF NAME \_\_\_\_\_    DATE \_\_\_\_\_

### RESIDENCY VERIFICATION:

Please present your newsletter address label or Unpaid Utility Bill as proof of residency.

## MEMBERSHIP BENEFITS

1. Monthly Newsletter
2. Free Lunch on Birthday
3. Priority Member Registration
4. Admission to Members Only Events
5. Additional Membership Discounts
6. Free Lunch Certificate