

Membership Packages for the

Walter F. Ehrnfelt Recreation Center

18100 Royalton Road, Strongsville, Ohio 44136

440.580.3260

www.strongsville.org

Prices effective February 1, 2009

	<u>RESIDENT or FT Work in Strongsville</u>	<u>NON-RESIDENT</u>
Adult Individual (Ages 19-59)	\$245.00	\$395.00
Couple	\$345.00	\$550.00
Youth Individual (Ages 4-18)	\$150.00	\$265.00
Full-time College Student	\$150.00	\$265.00
Family	\$395.00	\$660.00
Individual Senior (Age 60+)	\$135.00	\$245.00
Senior Couple	\$240.00	\$445.00
Military	\$140.00	\$245.00

Full-Time Work in Strongsville: Includes an employee of a City of Strongsville business or entity working at least 37.5 hours per week.

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 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 means an individual who is an active and/or newly registered member of any United States military service, or who is an active members of any reserve unit and provides proof of imminent call up to active military status.

Resident means an individual who is legally living within a permanent residence in the City of Strongsville. The term "resident" also shall include an individual non-resident of the City who is an employee of a business entity that maintains its place of business in the City and works for such entity at least 37.5 hours per week.

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

EHRNFELT RECREATION CENTER

Annual Membership Application

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

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

PRIMARY MEMBER

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

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

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

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

FAMILY

(18 yrs. & under living at above address OR 23 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>	<u>Emergency Phone</u>
_____	_____	____-____-____	____	____	_____
_____	_____	____-____-____	____	____	_____
_____	_____	____-____-____	____	____	_____
_____	_____	____-____-____	____	____	_____
_____	_____	____-____-____	____	____	_____

All memberships are
NON-REFUNDABLE
and
NON-TRANSFERABLE

“Referral” Name _____

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 _____ **E-Mail** _____ **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 (circle all that apply):

Cash Check # _____ V/MC/DS V# _____

Gift Certificate # _____ Recreation Account \$ _____

TTL AMT PAID \$ _____ STAFF NAME _____ DATE _____

MEMBERSHIP BENEFITS

6 PK GUEST PASSES _____

MEMBER INITIALS _____
(required)