

JIMMY FLOYD FAMILY CENTER

Account # _____

Date: _____ Approved by: _____

MEMBERSHIP AGREEMENT/APPLICATION

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE#: _____ WORK PHONE#: _____

DATE OF BIRTH: _____ SEX/GENDER _____

EMERGENCY PHONE# _____ CONTACT NAME: _____

EMAIL ADDRESS: _____

MEMBERSHIP TYPE:

- Full 1 Year Membership
- Full 6 Month Membership
- Full 4 Month Membership
- Track

Start Date: _____ Expiration Date: _____

****A family is defined as a husband, wife or legal spouse, child, step- child, or foster child (*children 18 years and younger*) who are residents of your household. Ages 19-21 and living at the same address must show school/college identification to be included on membership.**

****Children 9 years and younger must be accompanied by an adult 18 years or older.**

ADDITIONAL MEMBERS UNDER THIS AGREEMENT:

	<u>Name</u>	<u>Relation</u>	<u>D.O.B.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

PAYMENT SCHEDULE

Payment in Full \$ _____

- Circle payment type: CASH/CHECK or CREDIT CARD

- The undersigned fully understand and agree that in participating in one or more of the activities or using the facilities that shall be maintained by the Jimmy Floyd Family Center, there is the possibility of accidental or other physical injury. The undersigned further agrees to assume the risk of such injury and further agrees to hold harmless the Jimmy Floyd Family Center, the City of Lebanon, its agents, representatives, successors in interest, employees and assigns by either the undersigned or third parties as a result of the use by the undersigned of the facilities and instruction as offered by the Jimmy Floyd Family Center.
- As a condition for acceptance of this agreement/application for membership in the Floyd Family Life Center, the undersigned agrees and promises on behalf of himself and his family members to abide by the safety and other conduct rules of the Center activities. The undersigned acknowledges that he understands that his or his family member's violation of the Center rules, and/or abusive or disruptive behavior toward staff or other patrons may result in the participant being asked to leave the facility. It is further understood and hereby acknowledged that repeat violations can result revocation of membership in the Jimmy Floyd Family Center and cancellation of all Center privileges.

NOTICE TO THE BUYER: DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ IT COMPLETELY. YOU ARE ENTITLED TO A COPY OF THE CONTRACT YOU SIGN.

SIGNATURE: _____ DATE: _____