

Section 1 Family Information ⇒ Required RELEASE AGREEMENT SIGNATURE needed in SECTION 7, (back page)

You must be at least 16 years old with a valid Driver's License or State ID to complete this form. Family 21+ must provide State ID before being added to your household account, (Exception; spouse may be added at the time of sign up, ID will be required their first visit). List ONLY immediate FAMILY living in your house. Any false information given may result in the removal from all current and future participation with the Macomb Township Parks and Recreation Department. All personal information will remain confidential.

Primary First Name	Last Name	M / F	Date of Birth (mm-dd-yy)	Age	Special Note
Secondary First Name	Last Name	M / F	Date of Birth (mm-dd-yy)	Age	Special Note
First Name	Last Name	M / F	Date of Birth (mm-dd-yy)	Age	Special Note
First Name	Last Name	M / F	Date of Birth (mm-dd-yy)	Age	Special Note
First Name	Last Name	M / F	Date of Birth (mm-dd-yy)	Age	Special Note

Section 2 Address

Address		City	State	Zip Code
Primary Cell Phone Number	Secondary Phone Number	Primary E-Mail Address		
Emergency Contact First Name	Emergency Contact Last Name	Emergency Cell Phone Number		

Section 3 Rec Center Membership Application ⇒ Required RELEASE AGREEMENT SIGNATURE needed in SECTION 7, (back page)

Primary Member First Name	Last Name	Date of Birth (mm-dd-yy)
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IMPORTANT INFORMATION On a Member's 21st and 55th birthday their pass type and fee will automatically adjust according to their new age. New fee rates will take effect on the next recurring billing date. Members will see the automatic adjustment in their financial institution statement.

Macomb Township Residents have 48042 or 48044 zip codes on valid ID.
Macomb Township Residency Rates are listed below.
Non-Resident Rates are double the rates listed below.

List below all Household Family Members applying for a MACOMB TWP. RECREATION CENTER MEMBERSHIP	M / F	Date of Birth (mm-dd-yy)	Age	Child Age 4+	Adult Age 21+	Senior Age 55+	Monthly \$25 Adult \$15 Child \$15 55+	Annual \$300 Adult \$180 Child \$180 55+	Summer Apr-Aug \$125* *Prorates	Trial 30 Day \$25 All ages

Section 4 Authorization Agreement for Monthly Recurring Billing [ACH]

Authorization Agreement for Recurring Billing I HEREBY AUTHORIZE Macomb Township to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Macomb Township has received written notification from me of its termination in such time and in such manner as to afford Macomb Township and DEPOSITORY a reasonable opportunity to act on it. A \$30 service fee will be charged for insufficient funds in addition to the monthly membership fee. If not paid within 30 days, a \$100 reinstatement fee will apply. Two insufficient fund rejections will result in a canceled membership(s).

Depository Account Member First Name	Last Name	Bank Name	Routing Number	Checking Account Number
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Depository Account Member Signature _____ Today's Date _____
 Your Monthly Recurring Billing will take place on the **15th** of every month totaling: \$ _____

Section 5 Hold or Cancel MTRC Membership

⇒ If you **CANCEL** your **MTRC MEMBERSHIP** a \$100 reinstatement fee will be assessed if you wish to reinstate your membership at a later date. (one \$100 reinstatement fee per family)
 ⇒ Memberships may only be put on **HOLD** for **Medical** reasons, **College** (must leaving home) and **Snowbirds**. Snowbird people migrate south in the winter and relocate for over 60 days.
 ⇒ Memberships on **HOLD** must provide documentation that coincides with the time period gone upon returning. Without documentation a \$100 reinstatement fee will apply.

First Name	Last Name	Date of Birth (mm-dd-yy)	Check One Box		Reason / Note: Please list if Medical, School or Snowbird. Include estimated dates
			HOLD	CANCEL	

All Canceled or on Hold Memberships become effective within but up to ten (10) business days after the date of request. Please allow yourself time for these transactions to take place.
 Primary Member Signature _____ Today's Date (mm-dd-yy) _____

Section 6 MTPR Program Registration Information								⇒ Required RELEASE AGREEMENT SIGNATURE needed in SECTION 7	
Primary Member First Name				Last Name				Date of Birth (mm-dd-yy)	
Participants listed below must be set up in your Household Account.						Macomb Township Resident (48042 or 48044 zip code on ID) YES <input type="checkbox"/> NO <input type="checkbox"/>			
First Name	Last Name	M/F	Date of Birth (mm-dd-yy)	Age	Activity Name	Activity Number	Activity Day(s)	Activity Time	Fee(s)
									\$
									\$
									\$
									\$
									\$
If a T-Shirt order applies please indicate size(s): _____YS (6-8) _____YM (10-12) _____YL (14-16) _____Adult SM _____Adult MED _____Adult LG _____Adult XL								Subtotal	\$
⇒ Please make check(s) payable to "MACOMB TOWNSHIP TREASURER" include your Drivers License number on your check. ⇒ Children 4+ must have their own membership to receive a membership discount.								Household Credit	\$
Any Special Notes:								MTRC Membership Discount	\$
								Transaction Total Due	\$

Section 7 MACOMB TOWNSHIP RELEASE AGREEMENT
In consideration of being permitted to participate in the Macomb Township Parks and Recreation Department activity or use of any facilities in connection with this activity, the undersigned agrees to the following:

- The undersigned hereby releases, waives, discharges and covenants not to sue Macomb Township, it's employees, officers and agents (herein referred to as "releasees") from all liability to the undersigned his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in the Township activity or using any facility in connection with the activity.
- The undersigned hereby agrees to indemnify and hold harmless the releasees from all liability, claims, demands, and causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasee's right to indemnify or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise.
- The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage while upon Township property or participating in the activity or using any facilities and equipment whether caused by any negligent act or omission of releasees or otherwise.
- The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by Michigan law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.
- I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the Township or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.
- If the participants are minors, his or her custodial parent or legal guardian must read and execute this agreement: I hereby warrant that I am the legal guardian or custodial parent of the above listed persons who are minors and agree, on my own and on said minor's behalf to the terms and conditions of the foregoing agreement.
- MEMBERSHIP TERMS & CONDITIONS** Trial Monthly Memberships are valid from the date of application until one month later. Trial Memberships can be purchased one time per household member. Monthly Memberships are valid continuously until the Head of Household cancels the membership by submitting a Change Request (10 day notice required for all changes). Monthly Memberships can be cancelled at any time. However, there is a \$100 reinstatement fee assessed per family to rejoin the center. Monthly Memberships can be placed on hold under the following conditions: college students who attend a college located outside of the Metro Detroit area, Patrons who reside in another state or location during prolonged periods of time (2 months or longer), Medical Situations. To reinstate a membership on hold, proof must be presented (college transcript, utility bill, medical release form, etc.). Annual Memberships are valid for one (1) year from the time of application. All Memberships are non-transferable and non-refundable
- ALL PATRONS NOT CURRENTLY IN THE 9TH GRADE** must be supervised by an adult 18 years of age or older at all times while visiting the center. Patrons currently in the 9th grade must show a School I.D. (indicating 9th grade) to be left unsupervised in the facility. Patrons between the ages of 11 years and 9th grade must be supervised by an adult 18 years of age or older and have their adult within the facility but not directly supervised. All patrons must show a driver's license, or a School I.D. when initially entering the facility.
- DAILY RECREATION CENTER PASS** is valid for one Macomb Township Recreation Center admission on the date printed on this receipt during regular operating hours. By purchasing this pass, you agree to abide by all Macomb Township Parks and Recreation rules and regulations. Management reserves the right to revoke admission granted by this ticket without refund at any time, and Macomb Township Parks and Recreation, its employees, representatives, and affiliates are not responsible for accidents, injury, or death to any person, and are not responsible for lost, stolen, or damaged personal property. You assume the risk of any and all injury, including death, by entering and further agree to indemnify and hold harmless Macomb Township from any and all claims arising out of your use of the facility, and waive any and all legal claims that may arise from the use of the premises.
- CLASS POLICY** Please allow time to check in at the RC front desk with a photo ID. This is required for every visit. It is a safety precaution for the protection of all guests.
- PHOTOGRAPHS** Macomb Township Parks & Recreation reserves the right to use all photographs taken at community events for publications and/or promotional purposes.
- EQUAL ACCESS** No participant shall, on the basis of race, sex, creed, national origin, or disability, be denied equal access to programs, activities, services or benefits. We welcome the participation of persons with disabilities in our programs and facilities. Complete the special needs portion on our registration form when registering if you or your child needs special accommodations. To allow sufficient time to coordinate program inclusion and make reasonable accommodations, register at least 2 weeks prior to the program start date

Primary Member Signature

Todays Date (mm-dd-yy)

Staff Initials:

X

OFFICE USE

Input verified by: _____
Initials / Date