



2019 Summer Community Membership

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Email Address: _____ Date Applying: _____

Membership (circle):

Before July 6: **A)** Individual (\$100) **B)** Individual + 1 (\$175) **C)** Family* (\$225)

After July 6: **A)** Individual (\$50) **B)** Individual + 1 (\$85) **C)** Family* (\$115)

**(Family Memberships:
Individual + Spouse (1) +
Dependents ages 25 and
under*

Name of spouse / "+1" (if applicable): _____

Name(s) and age(s) of children (if applicable): _____

- *Patrons under the age of 16 must be accompanied by an adult at **all times**.*
- *Patrons age 12 and under are not permitted to use the Corbo Fitness Center.*
- *Patrons ages 16 and over are eligible for their own membership card.*
- *The last day for all summer memberships is **Friday, August 23, 2019***

For Office Use Only:

JCU employee processing application: _____

Amount Paid: _____

Membership Begins: 5/11/2019

Membership Expires: 8/23/2019

Check List:

- _____ Photo Number
- _____ Completed Medical Form
- _____ Signed Release
- _____ Pick up card at desk

Form of payment (circle): Cash/Check

Check #: _____

Date: _____

Bank: _____

Amount: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency involving me or members of my family, I direct that John Carroll University attempt to contact the people identified below:

CONTACT #1

Name: _____
Relation to Patron: _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____

CONTACT #2

Name: _____
Relation to Patron: _____
Daytime Phone: _____
Evening Phone: _____
Cell Phone: _____

CONSENT TO TREATMENT FOR MINORS

In case I or the other contact person(s) cannot be reached, I authorize John Carroll University through its employees and agents to obtain necessary first aid or emergency medical treatment for my child/children and I agree that this information may be released to medical personnel if necessary. I agree to be responsible for the cost of any such emergency medical treatment. I have provided below a description of any specific needs my child/children may have as well as any allergies, and any conditions to which medical personnel should be alerted.

Specific Needs:

Physician's Name: _____

Phone #: _____

Parent Signature: _____

Date: _____

RELEASE

As a Member of the Recreation Center, I release and agree to indemnify and hold harmless, John Carroll University, its Trustees, Officers, Agents, and Employees from any and all losses, claims, demands, expenses and causes of action and from all liability for damage, loss or injury of any kind, nature or description resulting from or arising out of the use of intended use of the Recreation Center, its facilities or equipment by Members, their families, or guests. Further, Members freely assume all risks of the Recreation Center, the facilities, or equipment. I agree to this statement and understand the policies regarding facility use, guest policies and fees.

John Carroll University reserves the right to cancel the membership at anytime and for any reason. Should John Carroll University cancel your membership, your dues will be reimbursed on a pro-rata basis.

Signature

Date