

PINE COMMUNITY CENTER MEMBERSHIP APPLICATION

Adult Information				
Last Name		MI	First Name	
Gender: Male Female	Date of Birth		Marital Status: Single Married Separated	
Mailing Address		PO Box	Apartment #	
City		State	Zip code	<input type="checkbox"/> Pine resident <input type="checkbox"/> Non-resident
Home Phone		Cell Phone		E-mail
Employer		Work Phone		How did you hear about us?

Additional Adult Member (same household)				
Last Name		MI	First Name	
Gender: Male Female	Date of Birth		Marital Status: Single Married Separated	
Mailing Address		PO Box	Apartment #	
City		State	Zip code	<input type="checkbox"/> Pine resident <input type="checkbox"/> Non-resident
Home Phone		Cell Phone		E-mail
Employer		Work Phone		

Child(ren) Information						
First Name	MI	Last Name	Birthdate	M F	Cell Phone	E-Mail
First Name	MI	Last Name	Birthdate	M F	Cell Phone	E-Mail
First Name	MI	Last Name	Birthdate	M F	Cell Phone	E-Mail
First Name	MI	Last Name	Birthdate	M F	Cell Phone	E-Mail

Local Emergency Contact		
First Name	Last Name	
Phone Number	Cell Phone	Relationship to you

MEMBERSHIP RATES

Associate Annual Rates (Track Access Only)	<input type="checkbox"/> Annual (Pay in Full)
Pine Resident	\$30
Non-Resident	\$60

Full Facility Membership Rates	<input type="checkbox"/> 3 Month (Pay in Full)	<input type="checkbox"/> Annual	<input type="checkbox"/> 12 Month Debit
Pine Adult (Ages 18-64)	\$135	\$360	\$30
Non-Resident Adult	\$195	\$540	\$45
Pine Family	\$240	\$660	\$55
Non-Resident Family	\$345	\$900	\$75
Pine Senior (Ages 65+)	\$105	\$300	\$25
Non-Resident Senior	\$150	\$420	\$35
Pine Teen* (Ages 13 – 17)	\$105	\$300	\$25
Non-Resident Teen*	\$150	\$420	\$35

Payment: Check (full) EFT (monthly plan) Credit Card (full) Credit Card (monthly plan)
Credit Card Number _____ **CSC** _____ **Exp.** ___/___/___ MC Visa AmEx
Amount of Transaction \$ _____ **Cardholder's Name** _____ **Electronic Fund Transfer**
(monthly payments) Bank _____ **Routing #** _____ **Account #** _____
Make checks payable and mail to: Pine Community Center, 100 Pine Park Drive, Wexford, PA 15090.

Pine Community Center Monthly Automatic Withdrawal is for a 12-month commitment. I have given my authority to the above named bank/credit card company to honor preauthorized EFT/Charge drawn by the Pine Community Center on my account for the membership payments as indicated above. I understand that my Pine Community Center monthly automatic withdrawal in the amount listed above will begin upon return of this application. I understand my monthly fee may change upon my children reaching a new age bracket, or any other changes in my membership. _____ (member's initials)

I understand that my membership will automatically renew for an additional 12 months without notice, unless written notice is received at least thirty (30) days prior to the renewal date. The written notice must be signed, dated and delivered to the Pine Community Center. _____ (member's initials)

Pine Community Center reserves the right to suspend or revoke membership without liability for delinquent or inappropriate conduct, or failure to adhere to the terms of this agreement or for violation of the Center's rules, policies, procedures, definitions and/or requirements. Please read your membership packet carefully. Associates have limited access to use upper floor only. Full Facility membership includes general admission to facility, fitness center, gathering area, game lounge, early program registration with program discounts, facility rental discounts, open gym, and childcare services (as defined). Pine Community Center Full Facility memberships are available in 3-month increments or annual packages. Membership upgrades are only applicable for credit within first thirty (30) days of joining. Electronic fund transfer and credit card monthly options are only available for a 12- month Full Facility membership commitment. Membership dues are non-refundable and non-transferable. A \$20.00 service fee will be charged on all returned checks, rejected credit cards or insufficient funds. _____ (member's initials)

I understand that for promotional purposes the Pine Community Center videotapes and/or takes photographs of program participants and facility users. I hereby release and permit the Center to utilize for said promotional purposes any videotapes and photographs of my child or myself engaged in facility activities and/or general facility use. _____ (member's initials)

I have received and read the General Facility Rules & Regulations, Fitness Center Policies & Procedures and Family Definitions & Age Requirements (both current and as may hereafter be adopted and/or amended) of the Pine Community Center. *Members must be 13 years of age and accompanied by a parent or guardian (18 years or older) to have access to the fitness center until 16 years of age. _____ (member's initials)

WAIVER

On behalf of myself and all individuals on my membership account, I agree to abide by the General Facility Rules & Regulations, Fitness Center Policies & Procedures and Family Definitions & Age Requirements (both current and as may hereafter be adopted and/or amended) of the Pine Community Center.

In consideration of and agreeing to, on behalf of both myself, on my membership account, and my minor child(ren), participate in recreation and fitness activities at the Pine Community Center, I agree as follows:

I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in the use of any equipment and the participation in these activities; (b) both my own and my minor child(ren)'s participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the agents, officers, representatives, employees, or volunteers of the Township of Pine and the Pine Community Center, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) in consideration of and by my participation and my minor child(ren)'s participation in these activities and for both my and their use of equipment, I hereby (and also on behalf of my minor child(ren)) voluntarily assume all risks and dangers and all responsibility for any injuries, losses and/or damages of any kind whatsoever, whether caused in whole or in part by the negligence or the conduct of the agents, officers, representatives, employees, or volunteers of the Township of Pine and Pine Community Center, or by any other person.

I, on behalf of myself, my minor child(ren), my personal representatives and my heirs, executors, and administrators, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Township of Pine and the Pine Community Center and its their agents, officers, representatives, employees, and volunteers from any and all demands, claims, causes of action, liability, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise from any cause whatsoever and including those arising in anyway from my or my minor children(ren)'s use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any demands, claims or causes of action that I or my minor child(ren) (or my above-stated representatives) may have presently or may have in the future for the negligent acts or other conduct by the agents, officers, representatives, employees, and volunteers of the Township of Pine and of the Pine Community Center.

Intending to be legally bound, I have read and understand the above waiver and release and by signing it voluntarily agree to its terms. It is my express intention to exempt and release and hold harmless the Township of Pine, the Pine Community Center and their agents, officers, representatives, employees, and volunteers, from any and all liability for personal injury, property damage or wrongful death (to either myself, or to my minor child(ren)) caused by their negligence or by any other cause.

Signature

Date

Signature

Date