



CCRC MEMBERSHIP APPLICATION

Primary's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email _____

Date of Birth: ____/____/____ Gender (Circle One): Male or Female

CCRC Membership Type

Individual	Family	Senior	Student	Pool Pass	Pickle Pass	Day Pass
\$40/mo	\$60/mo	\$25/mo	\$25/mo	\$25/mo	\$25/mo	\$10/day
\$440/yr	\$660/yr	\$275/yr	\$275/yr			

Family Section:

*Family is defined as one or two adults and their dependents who are under the age of 18 or a full-time student, or a person for whom the member(s) claims a tax deduction. (Proof of dependency may be required.) All family members must reside in the same household and at the same address.

Spouse's Name: _____ DOB: ____/____/____ Gender: _____

Child's Name: _____ Relation: _____ DOB: ____/____/____ Gender: _____
 Child's Name: _____ Relation: _____ DOB: ____/____/____ Gender: _____
 Child's Name: _____ Relation: _____ DOB: ____/____/____ Gender: _____
 Child's Name: _____ Relation: _____ DOB: ____/____/____ Gender: _____
 Child's Name: _____ Relation: _____ DOB: ____/____/____ Gender: _____

Employer Information for program discounts (Optional):

*Primary's Employer: _____ Work Phone: _____

*Spouse's Employer: _____ Work Phone: _____

Emergency Contact (not on this membership) REQUIRED:

Name: _____ Relation: _____ Phone: _____

How did you hear about the CCRC?

Facebook ___ Website ___ Newspaper ___ Radio ___ Friend/Family Member ___ School ___ CCRC Staff ___

Membership Agreement

I understand that the Crawford County Recreation Center and/or Lincoln Trail College assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result from my participation in these activities. In consideration of the privilege of joining the CCRC, I hereby voluntarily release and discharge the Crawford County Recreation Center, its agents, servants and employees from any and all claims for injury, illness, death, loss, or damage that I may suffer as a result of my participation in these activities.

I understand that the Crawford County Recreation Center is NOT responsible for personal property lost or stolen while members and/or program participants are using the CCRC or LTC facilities or on CCRC or LTC premises.

I understand that no accident or medical insurance is provided with this membership or for participation in programs, activities, special events, etc.

I give permission to the Crawford County Recreation Center to use without limitation or obligation, photographs, film footage, or tape recordings that may include my image or voice for purposes of promoting or interpreting CCRC Programs.

I agree to abide by all policies and procedures of the Crawford County Recreation Center and Lincoln Trail College and I also understand that failure to act in accordance with these rules may result in expulsion from the CCRC and termination of my membership.

The applicant gives permission for CCRC and LTC staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by first responders, ambulance personnel or physician.

As a CCRC member, I/we agree to act appropriately and to co-operate with others toward the accomplishment of the CCRC mission and the character development values of caring, respect, honesty, and responsibility.

Member Signature: _____ Date: _____



**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

Authorization Agreement for Preauthorized Payments

Credit Card - Name on Account (Must be the account holder's name) _____

**If the name on the account is not the members, the account holder must sign.*

Account/Credit Card # _____ **Exp Date:** ____/____/____

* Circle one if paying by credit card: Visa MasterCard Discover

EFT - Name on Account (Must be the account holder's name) _____

**If the name on the account is not the members, the account holder must sign*

Account # _____ **Routing #** _____

* Circle one if paying by EFT: Checking Account OR Savings Account

Monthly Automatic Membership Dues Withdrawal Amt: \$ _____ Check Monthly Deduction Date ____1st ____10th

Monthly Automatic Misc Dues Withdrawal Amt: \$ _____ *Specify Misc Withdrawal (Ex: Locker) _____

Please attach a VOIDED Check or documentation from your bank with the ROUTING and ACCOUNT number on it.

Membership Authorization Agreement

I understand that this is a continuous membership plan, and that this membership will remain in effect until I come in and sign a cancellation/change form at least 10 days prior to my next draft date.

The CCRC Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive 30 days written notice about these changes.

The CCRC may adjust the monthly rate applicable to my age when falling into another category of membership at any time. I understand that I will receive 30 days written notice about these changes.

The CCRC may adjust the financial assistance monthly rate applicable to my renewal at any time. I understand that I will receive 30 days written notice that my renewal is due.

Should my bank for any reason not honor any membership deduction, I realize that I am still responsible for that payment, plus a service charge applied by the CCRC. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the CCRC should I change my financial institution or my mailing address at any time.

The CCRC reserves the right to cancel my membership due to insufficient funds or to a stop payment. If this should occur, I understand that the CCRC has the right to make the bank draft plan no longer be available to me if I choose to continue my membership or rejoin.

I understand that should my draft day fall on a weekend or bank holiday; the draft will be processed the following business day.

I understand that all joining fees and membership fees are nontransferable and non-refundable.

I understand that the CCRC charges a 3.25% Merchant fee on all membership credit/debit card transactions.

I hereby authorize the Crawford County Recreation Center (11220 IL-1 Robinson Il 62454), herein after called the CCRC, to initiate drafts or any adjustment for any entries in error to my (our) checking or savings account indicated above to credit and/or debit the same to such account. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with the provisions of U.S. law.

Account Holder's Signature: _____ Date: _____

Office Use Only:
Waiver Signed: _____
Staff Initials at registration: _____