

Membership Application



CRC ID #	
Name _____	ID# _____
Name _____	ID# _____
Name _____	ID# _____
Name _____	ID# _____
Name _____	ID# _____
Name _____	ID# _____
CRC Community Cares Donation _____	

Last Name
First Name
Primary CRC Member ID #
Membership Start Date
Receipt #

Primary Member Personal Information

(Please print)

Name: _____

Address: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Date of Birth: _____ / _____ / _____

E-mail: _____ Gender: (circle one) Male / Female

Sub-Member Information

Please list all applicable family members to be included in couple or family memberships. (per CRC membership guidelines)

First Name	Last Name	Relationship To Primary Member	Gender	Date of Birth (mm/dd/yyyy)	Student Graduation Year
_____	_____	_____	M/F	____/____/____	_____
_____	_____	_____	M/F	____/____/____	_____
_____	_____	_____	M/F	____/____/____	_____
_____	_____	_____	M/F	____/____/____	_____
_____	_____	_____	M/F	____/____/____	_____
_____	_____	_____	M/F	____/____/____	_____
_____	_____	_____	M/F	____/____/____	_____

Employer Information

Please complete the following information for any adults included in your membership.

Employer: _____ Employer: _____



Emergency Information

Someone who is NOT part of this membership.

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Medical Information


State member's name and any medical information that would be helpful for CRC team members in case of an emergency.

Membership Options

- Continuous Membership - Simple monthly Electronic Funds Transfer (EFT) If cancelled within first 12 months of membership, a cancellation fee will be incurred.
- | | | |
|-----------------------------------|-----------------------------------|----------------------------|
| ____ Student(\$13 plus tax) | ____ Senior Single(\$17 plus tax) | ____ Single(\$21 plus tax) |
| ____ Senior Couple(\$25 plus tax) | ____ Couple(\$29 plus tax) | ____ Family(\$38 plus tax) |

- Annual Membership -One-time annual fee. After the first year, a \$10 administrative fee will be incurred each year unless automatically withdrawn.
- | | | |
|------------------------------------|------------------------------------|-----------------------------|
| ____ Student(\$150 plus tax) | ____ Senior Single(\$200 plus tax) | ____ Single(\$250 plus tax) |
| ____ Senior Couple(\$300 plus tax) | ____ Couple(\$350 plus tax) | ____ Family(\$450 plus tax) |

- A one-time \$40 application fee will be charged in addition to the above membership fees to start your membership.

-  **CRC Community Cares Fund** Making a commitment to the CRC Community Cares Fund will help the CRC enhance the activities, equipment and scholarships offered. Donations of all dollar amounts are appreciated.
- Example 1:** Round up monthly EFT (\$21.00 + \$1.47 tax = \$22.47; round up \$2.53 for monthly EFT of \$25.00
Example 2: Round up annual membership fee (\$250.00 single + 17.50 tax= \$267.50; round up \$32.42 for annual fee of \$300.00

Member Survey

1. What part of the Cedar River Complex are you most interested in? (Check all that apply)
- | | | | |
|---------------------|---------------------|----------------------|----------------------|
| ____ Events | ____ Wellness | ____ Museum | ____ Auditorium |
| ____ Youth Programs | ____ Adult Programs | ____ Family Programs | ____ Senior Programs |

2. Are you interested in volunteering for the CRC? ____ Yes ____ No
If so, in what area would you like to help and how often would you be available?

3. What is your preferred method of communication?
- ____ E-mail ____ Phone ____ U.S. Mail

4. Would you like to receive the **CRC Connection**, an email newsletter sharing the latest news, happenings, upcoming events and more? To give the CRC permission to include you on our email list, please provide your email address below.

Informed Consents

Programs

Initial_____

I hereby release the CRC and all team members from any and all liabilities, loss or property damage or personal injury of any kind that may be sustained to myself or a family member in participation of a CRC activity. I further agree and consent to emergency treatment in the event of an emergency.

Parental Consent

Initial_____

I hereby consent that the minors listed as sub-members on my membership can participate in activities at the CRC, and I hereby execute the informed consent on his/her behalf. I state that said minor(s) is/are physically able to participate in CRC activities. I hereby agree to indemnify and hold CRC Team members and CRC related partners free and harmless from any loss, liability, damage, cost, or expense, which may incur as a result of the death or injury, or property damage that said minor may sustain while participating in CRC activities.

Equipment/Medical

Initial_____

I understand that the use of the fitness center facility and its equipment is at my own risk. I acknowledge that I will only use equipment on which I have received training or instruction as to proper use. I assume full responsibility for any and all injuries arising out of my use of the CRC, including any and all equipment therein.

Off-Site Programs

Initial_____

I hereby consent that the minors listed as sub-members on my membership can participate in off-site CRC sponsored activities and I hereby execute the informed consent on his/her behalf. I hereby agree to indemnify and hold CRC Team members and CRC related partners free and harmless from any loss, liability, damage, cost, or expense, which may incur as a result of the death or injury, or property damage that said minor may sustain while participating in off-site CRC sponsored programs.

Photographed

Initial_____

I hereby grant the Cedar River Complex, its representatives and employees the right to take photographs of me and my property in connection with any identified subject. I authorize the Cedar River Complex, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Cedar River Complex may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Membership

Initial_____

As a member of the Cedar River Complex, representing all people of this membership, I/we agree to abide by the rules and regulations of the CRC. I/we assume the risk of physical activity with my/our physical condition. I/we hereby waive, release, and forever discharge CRC, its employees, volunteers, the City of Osage, the Osage School District, Mitchell County, the Osage Education Foundation, the Mitchell County Ag Society, the Mitchell County Historical Society, 28 E Board, Osage Municipal Utilities and all others from any and all responsibility or liability for injuries, illnesses, damages resulting from participation or loss of personal property in any CRC activity and for the use of equipment or machinery at CRC whether indoors, outdoors, supervised or unsupervised. I recognize that my membership contract is for one year, and the full yearly membership amount is an enforceable obligation and will be collected even if I, the member, who has chosen a monthly payment plan and authorization for direct debit, would like to terminate the payment plan authorization.

Signature _____ Date _____

Of member or guardian if participant is under age 18

Ceder River Complex Member