



**Activity & Recreation Center (ARC)
1701 W Ash St, Columbia, MO 65203
Membership Application**

Primary Family Member _____

Street Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Emergency Contact _____ Phone _____

Membership Pass Holders: (List all pass holders, including person completing application above)

<u>Full Name</u>	<u>Birth Date</u>	<u>Sex</u>

There are no refunds on any memberships. Prior to purchasing a membership, please read and sign the back of this form. If you have questions or need additional information, call 874-7700.

**Membership Fees (Check Applicable Type)
Prices valid thru September 30, 2014**

<input type="radio"/> Youth Multiple Pass (20)	\$52.50	<input type="radio"/> Family Annual Pass+	\$546.00
<input type="radio"/> Youth Annual Pass	\$193.00	<input type="radio"/> Family Annual Additional Family Member	\$27.50
<input type="radio"/> Youth Monthly Installment*	\$18.50	<input type="radio"/> Family Monthly Installment*+	\$50.00
<input type="radio"/> Youth 30-day Pass	\$24.50	<input type="radio"/> Add. Dependent Family Member Monthly	\$2.50
<input type="radio"/> Adult Multiple Pass (20)	\$86.25	<input type="radio"/> Family 30-day Pass+	\$56.00
<input type="radio"/> Adult Annual Pass	\$342.00	<input type="radio"/> Senior Multiple Pass (20)	\$52.50
<input type="radio"/> Adult Monthly Installment*	\$33.00	<input type="radio"/> Senior Annual Pass	\$204.00
<input type="radio"/> Adult 30-day Pass	\$39.00	<input type="radio"/> Senior Monthly Installment*	\$19.50
<input type="radio"/> Adult Plus One Annual+	\$445.00	<input type="radio"/> Senior 30-day Pass	\$25.50
<input type="radio"/> Adult Plus One Monthly*+	\$42.50	<input type="radio"/> Senior Couple Annual Pass+	\$265.00
<input type="radio"/> Adult Plus One 30-day+	\$48.50	<input type="radio"/> Senior Couple Monthly Installment*+	\$25.50
		<input type="radio"/> Senior Couple 30-day Pass+	\$31.50

Family definition – 2 Adults and up to 3 children or dependents residing at one residence.
"Dependent" has the same meaning as "dependent" under federal tax law.

*After the initial payment at sign-up, continuing payments for monthly memberships must be made by electronic funds transfer and will continue until a written request for cancellation is received. Requests must be made before the 1st of the month to avoid another payment. Accounts are debited on the 15th of the month.

+All multiple person memberships require that the members reside at the same household address.

Memberships in Blue are annual memberships which cannot be canceled prior to the one-year expiration date.

The primary family member will be asked to sign "Members Caution" at the bottom of this form in front of a staff member and will receive his/her membership card. Each member over the age of two will receive a membership card on their first visit. The rules and guidelines for this card include:

1. There are no refunds on any memberships. If member is unable to utilize the facility due to a health issue an extension of the membership can be requested for the dates of the unusable period with a maximum extension length of two months. A physician's statement must be provided confirming the dates of the health problem.
2. Cardholders must abide by rules and regulations of the City of Columbia or privileges may be revoked. Appeal procedures are available and will be provided to members upon request.
3. Children ages 2 and under are not required to have a card or present a card when accompanied by an adult member.
4. There will be a fee for the replacement of a lost or stolen card. There will no refunds given for card replacement fees.
5. The cards remain the property of the City of Columbia and must be returned if requested.

Youth Participants: Children under 11 years of age require supervision by a person 16 years of age or older. Children age 10 and younger may play in the "Kid Zone" with an additional fee.

Members Caution

The City of Columbia's Activity & Recreation Center was designed for recreation and fitness activities. It is the member's responsibility to insure that they and their minor children are sufficiently physically fit and capable to undertake the fitness or recreation activity they choose.

The City recommends every person have a routine physical examination performed by competent medical personnel and that the individual consult a physician before beginning any fitness program.

The City of Columbia, its officers, officials and employees are not responsible for any injury, illness, incapacity or disability arising out of the individual's medical or physical condition or lack of condition, whether such condition is obvious or hidden, or arising out of the member's ordinary or routine use of Center facilities. As additional consideration for being allowed to use the facilities, on behalf of myself and my family and minor children, I hereby release and covenant not-to-sue the City, its officials and employees for any present and future claims I may have for injury, illness, incapacity or disability arising out of my or my minor children's physical or medical condition or lack of condition in conjunction with my or their ordinary or routine use of the Center facilities.

Signature: _____ Date: _____

Printed Name: _____

Witness: _____

Please mail this application to: City of Columbia, Parks & Recreation, P O Box 6015, Columbia, MO 65205. Make all checks payable to the City of Columbia. Annual membership fees may be paid by credit card. You may provide your credit card information when submitting your application.

**Activity & Recreation Center (ARC)
Columbia Parks & Recreation
Direct Debit Authorization**

I hereby authorize the City of Columbia to transfer a monthly payment from my account for the payment of my Activity and Recreation Center (ARC) pass. The monthly debit will continue until I contact the ARC to request cancellation (See item #2 below). **The debit will be processed the 15th of each month** and will begin the month following the date I purchased my pass. I agree to pay the first month of membership at the date of pass purchase. I give the financial institution named below the authority to debit my account as indicated.

A 60-day written notice will be mailed to the address of record at the ARC informing you of any fee increases. I understand that if I do not cancel my membership by written notice before the 1st of the month, the new fees will be charged to my account.

A voided check or deposit slip must be included.

Applicant Name _____

Address _____

City _____ State _____ Zip Code _____

Financial Institution Name _____

City of Financial Institution _____

Transit Routing Number _____

Account Number _____

Circle One: **Checking Account** **Savings Account**

Please read and initial each line

1. _____ This authorization is to remain in full force until notification of cancellation of membership.
2. _____ To assure proper processing, cancellation notification must be received before the first of the month to avoid an additional month's charge
Cancellation requests must be made in writing. To cancel or change information contact, in writing, the Activity and Recreation Center at P O Box 6015, Columbia, MO 65205.
3. _____ A 60-day written notice will be mailed to the address of record at the ARC informing me of any fee increases. I understand that if I do not cancel my membership by written 30-day notice, the new fees will be charged to my account.
4. _____ The City of Columbia maintains the right to cancel this agreement at any time.
5. _____ Each occurrence of a returned payment during the withdrawal process will result in a fee assessed by city ordinance. Balances due must be paid in cash, cashier's check or money order. Membership privileges will be suspended immediately and reinstated after full payment of amounts due. After two instances of a returned payment, the membership fees may not be placed on auto payment or paid by check. Acceptable method of payment will be only cash, cashier's check or money order.

Signature of Account Holder _____

Date _____