

# RCACC

## The Wolf Den



### **CC Membership Rates:**

#### **Annual Resident Rate:**

(taxpayer or resident of the City of Rose City, Cumming, Hill, Klacking or Rose Townships)

\$25 Single

\$40 Two Person (in same household)

\$50 Family (in same household)

#### **Annual Non-Resident Rate:**

\$40 Single

\$65 Two Person (in same household)

\$85 Family (in same household)

**Day Pass:** \$3

Under 14 years old must be accompanied by an adult.

Membership includes Pickleball, Walking, and Open Gym.

*\*Fitness Room costs will be separate when room becomes available.*

**RCACC**  
**The Wolf Den**



Resident \_\_\_\_\_

Non-Resident

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*(Member #1 for a Family Membership)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Family Membership Information (family members must have the same physical address)

Member #2 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Member #3 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Member #4 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Member #5 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*(Additional names can be added on back of page)*

**Parental Consent for a Minor's Use of RCACC** *(Under 14 must be accompanied by an adult)*

I hereby declare that I am the parent or legal guardian of \_\_\_\_\_

I consent to allow said child(ren) to use the Rose City Area Community Center's gym and I hereby waive and release the Rose City Area Community Center, its agents, employees, and volunteers from any and all claims for damages or personal injury arising from participation in any RCACC activities.

\_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of parent/guardian)*

\_\_\_\_\_ Date: \_\_\_\_\_

*(RCACC Representative)*

**Conditions of Membership**

All members are required to present a current, valid membership card for identification when using the Rose City Area Community Center facilities. Membership Cards are not transferrable. Allowing another person to use your card could result in immediate termination of your membership. There will be a \$10 fee to replace a lost card. As a member of Rose City Area Community Center, you agree to follow the policies, procedures, and appropriate behaviors for the safety and comfort of all members and guests.

**Hold Harmless Statement**

Member specifically assumes all risks of injury arising out of their presence on or about the premises, or their use or intended use of equipment of facilities, or their participation in the activities of the Rose City Area Community Center. RCACC does hereby waive, release, and agree to hold free from all claims for damages.

I have read, understand, and agree with the Conditions of Membership and Hold Harmless Statement above. In addition, I understand and agree that the Conditions of Membership and the Hold Harmless Statement are in effect throughout my membership with Rose City Area Community Center. I understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Member(s) Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_