

MEMBERSHIP & REGISTRATION

INDIVIDUAL FAMILY ULTIMATE

MEMBERSHIP COST

\$9.99/MO

\$19.99/MO

\$29.99/MO

MEMBERS PER ACCOUNT
MUST LIVE IN HOUSEHOLD

1

2 ADULTS
4 CHILDREN

2 ADULTS
4 CHILDREN

KIDS CARE ACCESS
PRICE PER CHILD

\$5/VISIT

\$5/VISIT

FREE

ADULT FITNESS CLASSES



FITNESS CENTER, TRACK &
COURT ACCESS



YOUTH ENRICHMENT PROGRAM
DISCOUNT

10%

INTRO TRAINING SESSION
30 MIN, 1 PER YEAR PER HOUSEHOLD

\$20

\$20

FREE

PERSONAL TRAINING
DISCOUNT

10%

PRIMARY ADULT

Name: _____
LAST FIRST

Phone: _____

Address: _____
NO. STREET APT

_____ CITY STATE ZIP

Date of Birth: _____
MM/DD/YYYY

MALE FEMALE

Email: _____

Employer: _____

FAMILY MEMBERS or YOUTH PARTICIPANT INFORMATION

Name: _____ Gender: _____ DOB: _____ School: _____ Grade: _____
OR Employer

Activity Enrollment: _____ Shirt Size: Y A _____

Name: _____ Gender: _____ DOB: _____ School: _____ Grade: _____

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Activity Enrollment: _____ Shirt Size: Y A _____

Name: _____ Gender: _____ DOB: _____ School: _____ Grade: _____

Activity Enrollment: _____ Shirt Size: Y A _____

TERMS OF MEMBERSHIP

_____ I understand that members may be photographed for the possibility of being used for publicity and I give exclusive rights to these photos to The RAC and waive all claims for compensation for usage.

_____ All memberships are non-transferable & non-refundable.

_____ You may cancel your membership anytime with a 30 day written notice. (There will be a \$20 cancellation fee if membership is under 12 months)

_____ You must be 14 years of age to access the adult fitness center and adult fitness classes. The indoor track may be used at any age as long as the child is accompanied by an adult.

AUTHORIZATION FOR AUTOMATIC PAYMENT

_____, am the account holder and hereby authorize The Rogers Activity Center to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, to credit and/or debit the same to such account. Any change or cancellation to this draft must be provided in writing 30 days in advance. Should my draft not be honored by my bank for any reason, I realize that I am still responsible for that payment and my membership or enrollment may be placed on hold until payment is received.

The amount will be drafted starting today from card ending in _____

First payment amount (paid today) _____

Weekly payments of \$_____ will draft each Friday starting ____/____/20____.

Monthly payments of \$_____ starting the month of _____, 20____.

Date: _____ Signature: _____ Print: _____

EMERGENCY CONTACT

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

VOLUNTEER OPPORTUNITIES

- Coaching: HEAD OR ASSISTANT Head Coaches Name: _____
- Kid Care Volunteer Committees
- Event Volunteer Board of Directors

DONATION

Add an additional \$_____.
tax deductible donation to my membership or program fee.

ONE TIME MONTHLY

NOTES

STAFF USE ONLY

ITEM	\$
ITEM	\$
ITEM	\$
INITIALS	TOTAL
PAYMENT INFORMATION	