



# IREDELL COUNTY PARKS & RECREATION DEPARTMENT

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## Iredell County Recreation Center: Membership Application

Member Information			
First Name*:		Last Name*:	
Date of Birth*:		Gender*:	Male      Female
Street*:		City*:	
State*:		Zip Code*:	
Phone 1*:		Phone 1 Type:	Mobile   Home   Work   Other
Mobile Carrier 1 (Opt-In for Alerts**)	AT&T   Boost Mobile US Cellular   Verizon	Cricket   MetroPCS Virgin Mobile	Sprint   Straight Talk   T-Mobile Other (List) _____
Phone 2:		Phone 2 Type:	Mobile   Home   Work   Other
Mobile Carrier 2 (Opt-In for Alerts**)	AT&T   Boost Mobile US Cellular   Verizon	Cricket   MetroPCS Virgin Mobile	Sprint   Straight Talk   T-Mobile Other (List) _____
Email:		Email Notifications (Check what you would like to receive)	____ Courtesy Notices
Emergency Contact Name*:			____ Critical Announcements
Emergency Contact Phone Number 1*:		Emergency Contact Phone Number 2:	____ Upcoming Events

\*Required Information      \*\* Standard text messaging rates may apply

ADDITIONAL ACCOUNT MEMBERS: (List all household members who would register for a program or be included in a family membership.)

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Membership Type				
\$10 Joining Fee required for all new memberships	Monthly (Auto-Bill)	Select Monthly	Annual Rate (Pay in Full)	Select Annual
Adult (18-54)	\$25		\$275	
Youth (14-17)	\$16		\$175	
Senior (55+)	\$16		\$175	
Military or First Responder (ID Req'd)	\$16		\$175	
Family **	\$32		\$350	
Family add-on (age 14+)	\$10		\$70	

\*\* Family is defined as 3 people age 14+ in the same household. Under age 14 are free with a family membership.

**\$10** Joining fee required for all new memberships (1 per Individual Membership or 1 per “Family” with a Family Membership). Joining fee will not be charged again as long as the membership remains active, and there is not a gap in membership longer than 90 days.

**Monthly memberships:** Include Fitness Center, Group Exercise Classes, and Gym use. Monthly memberships will auto-renew and auto-bill every 30 days. A valid credit card is required to be on file.

**Annual memberships:** Include Fitness Center, Group Exercise Classes, Gym use, Child Watch, and access to the Outdoor Pool (seasonal). Annual memberships are for 365 days and must be paid in full at time of registration to get the annual rate. An Annual Family Membership must be purchased in order for children under 14 to be included in pool access, even if there is only one adult in the household.

**Other rates/discounts may be offered for corporate groups / employees.** Company representatives should contact Iredell County Parks and Recreation for more information.

**MEMBERSHIP AGREEMENT:**

- Memberships are non-refundable and non-transferable.
- Joining fees are non-refundable and non-transferable.
- All members are required to present a current, valid membership card for identification when using the Iredell County Recreation Center facility (hereafter called “Rec Center”).
- I understand that it is my responsibility to notify the Rec Center of my intent to cancel my membership in writing within fifteen (15) days before the end of the month prior to the next scheduled payment date.
- No membership dues will be refunded when facilities are not used.
- If the payment date falls on a date the merchant/bank does not process payments, the payment will be deducted on the next day the merchant/bank processes payments.
- If the specified payment type/account does not have sufficient available funds on the day the Iredell County Recreation Center attempts to process the payment or payment is otherwise declined, I will be responsible to the amount of the payment, plus any additional fees incurred.
- As a member of the Rec Center you agree to follow the policies, procedures and appropriate behaviors as set forth in the Policies and Procedures, and hereby acknowledge receipt of the Policies and Procedures for all account members.
- Members acknowledge that certain facilities within the Rec Center (i.e. gym, child watch, pool, etc) may be limited in availability due to reservations and/or specific operating hours.
- Members further acknowledge that the Rec Center is not expected to be fully operational until Feb 1, 2019 and consideration has been given for limited use in the month of January.
- I authorize Iredell County to create a user account for the account holder (primary member) in the registration system (CivicRec), and include any additional household/account members included in the application.
- By signing this document I hereby authorize Iredell County Parks and Recreation make the charges to my credit card.

\_\_\_\_\_  
**Name of Account Holder**

\_\_\_\_\_  
**Signature of Account Holder**

\_\_\_\_\_  
**Date**

## **Participant Agreement, Waivers, and Release of Liability**

In consideration of my (or my child's) participation in an Iredell County Parks & Recreation Department activity, I hereby voluntarily release, discharge, and agree to indemnify and hold harmless, on behalf of myself, my heirs, assigns, or personal representatives, Iredell County, their agents, assistants, officers, employees, volunteers, cosponsors and all other persons or entities acting in any capacity on their behalf from any and all claims, losses, injuries, and damages of any nature, including but not limited to, property damage and personal injury or death, attorneys' fees and costs, which may arise from, relate to, or result because of my (or my child's) participation in this experience.

Knowing that there are inherent risks, dangers, and rigors involved in the activities, I certify that I (or my child) am fully capable of participating in the activities and assume all risks of participation. I acknowledge and assume full responsibility for the known, unknown and unanticipated risks including, but not limited to those which could result in my physical or emotional injury, paralysis, death, loss or damage to personal property, to third parties and any expenses arising out of my participation.

I certify that I (or my child) have adequate insurance to cover any claim, injury or damage I (or my child) may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. Damage and/or destruction of property may result in repair and/or replacement fees billed directly to myself (i.e. the responsible party).

I further certify that I (or my child) have no medical, physical, or mental condition, which could interfere with my safety or the safety of others in this activity.

I (or my child) also agree to follow all rules, instructions, and safety guidelines provided by Iredell County and the above named parties, and understand that I (or my child) may be dismissed from participating, for refusing to follow those guidelines and instructions.

Drugs/Alcohol: I (or my child) agree not to use alcohol, tobacco, illegal drugs, or prescription drugs that have not been prescribed by a medical doctor to treat a current medical condition, during the event, while on county property, or at any time that may affect my (or my child's) ability to participate in the event.

Media: I do hereby grant and give Iredell County the right to use my (or my child's) photograph or image with or without my name (names with permission for my child), both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

Transportation (if applicable): I do hereby grant and give Iredell County the right to transport me (or my child) to/from program sites by properly licensed staff. I am aware that I (or my child) must wear a seatbelt at all times when riding in a County owned/operated vehicle.

Emergency Care: In the event of an accident or emergency that renders me unable to communicate (or for care of my child when I am unreachable), I grant my permission for any medical care, operations, and/or anesthesia, which might become necessary.

In all circumstances, Iredell County retains full authority for final approval and denial of activity registrations and/or facility reservation requests.

Current and/or future participation in Iredell County activities and/or facility usage may be cancelled without refund for the following items, including, but not limited to:

- Unseemly conduct including failure to follow rules, policies and procedures, general disruptive behavior, inappropriate language or attire, and/or verbal/physical altercations
- Health violations (spitting, smoking, etc.)
- Abuse of staff, program participants, property, or equipment
- Negligent or delinquent in remitting payment
- Use or possession of illegal drugs and/or alcohol, or violation of the Iredell County Smoke-Free Policy
- Use or possession of weapons or other dangerous items

**I have had sufficient opportunity to read this entire document. My signature/acknowledgment of receiving this information is completely voluntary as is my (or my child's) participation in the program. I fully understand that by signing/acknowledging, I give up legal rights that may otherwise be available to me. I have read and understood this document, and I (or my child) agree to be bound by its terms. I certify that the above information is complete and accurate to the best of my knowledge. By signing below, I am acknowledging this agreement for myself and any minor children for whom I am a parent or legal guardian. At least one parent or legal guardian must sign/acknowledge for those under age 18. All adults must sign for themselves.**

\_\_\_\_\_  
**Name of Participant (PRINT)**

\_\_\_\_\_  
**Signature of Participant**  
(Or Parent/Guardian Signature if Participant is Under Age 18)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Participant (PRINT)**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Participant (PRINT)**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

## Payment Information

Item(s) being purchased:	Total Amount Due:
Indicate Payment Type: <b>Cash</b> <b>Check (# _____)</b> <b>Credit Card</b>	
<b>Credit Card Information</b> <i>(Debit cards will process as credit cards)</i> <b>Note: For monthly memberships, this card will be used to set up the monthly auto-billing</b>	
Name as it appears on card:	Card #:
Expiration Date:	CVV:
Billing Address (If different than above):	Card Type: <b>Visa</b> <b>Master Card</b> <b>Discover</b>

(This information will be shredded once processed)