

# CENTRALIA RECREATION COMPLEX PASS APPLICATION

\_\_\_\_\_ **New Pass** \_\_\_\_\_ **Renewal**

Today's Date: \_\_\_\_\_ Date Pass Begins: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Please leave blank if you prefer not to be contacted at work!

E-MAIL ADDRESS: \_\_\_\_\_

For Family Pass Please list names:

(1) Parent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

(2) Parent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

(1) Child (Under 18): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

(2) Child (Under 18): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

\* \$5.00 charge for each additional child

\*(3) Child (Under 18): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

\*(4) Child (Under 18): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

**\*Family passes include: 2 parents and 2 children or 1 Parent and 3 children! There is a \$5 charge per child over what the pass includes per month! Extended Memberships are available upon request with approval by Facility Director ONLY.**

TYPE OF **PASS** YOU ARE RENEWING OR APPLYING FOR:

FOR: (PLEASE CIRCLE)      Child      Sr. Citizen      Adult      Family  
Please Mark Type of Pass

\_\_\_\_\_ Walking ONLY                      \_\_\_\_\_ 20 Visit (Good for 1 year only)

\_\_\_\_\_ Annual    \_\_\_\_\_ 1-Month    \_\_\_\_\_ 3-Month    \_\_\_\_\_ 6-Month    \_\_\_\_\_ 9-Month

Other (i.e. Special) \_\_\_\_\_

\*\*\*For Office Use Only:

**PAYMENT INFORMATION**

Total Amount Pd: \_\_\_\_\_ Paid by: Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

**LOCKER RENEWAL**

Locker# \_\_\_\_\_ Lock# \_\_\_\_\_ Amount Paid \_\_\_\_\_ Recorded in Book \_\_\_\_\_

GROUP DISCOUNTS: COMPANY NAME: \_\_\_\_\_

(for staff use only) Staff Initials – verified by: \_\_\_\_\_

# ELECTRONIC FUNDS TRANSFER

\*\*\*\*\*IF USING ELECTRONIC FUNDS TRANSFER\*\*\*\*\*

## PLEASE SUBMIT A VOIDED CHECK FROM APPROPRIATE ACCOUNT.

I (WE) HEREBY AUTHORIZE THE CENTRALIA RECREATION COMPLEX TO TRANSFER A MONTHLY PAYMENT FROM MY ACCOUNT FOR PAYMENT OF MY CENTRALIA RECREATION COMPLEX PASS. I UNDERSTAND THAT MY ACCOUNT WILL BE DEBITED ON THE 15TH (FIFTEENTH) OF EACH MONTH. I GIVE THE FINANCIAL INSTITUTION NAMED BELOW THE AUTHORITY TO DEBIT MY ACCOUNT AS INDICATED.

YOUR NAME: \_\_\_\_\_

YOUR BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CIRCLE ONE:            CHECKING ACCOUNT            SAVINGS ACCOUNT

### CANCELLATION OR CHANGE OF BANK INFORMATION REQUESTS MUST BE SUBMITTED BY THE MORNING OF THE 10TH OF THE MONTH.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

First Month Payment \$ \_\_\_\_\_ #of Months \_\_\_\_\_

EFT Service Charge \$7.00

Total Due Now \$ \_\_\_\_\_ Amount Monthly \_\_\_\_\_

PLEASE NOTE: When using the EFT for the first time or reinstating EFT after a time lapse, the first withdrawal from your account on approximately the 15<sup>th</sup> of the month. (Example: You start EFT in January by paying the first month plus your \$7 fee. Your first electronic withdrawal will be in February! Your next scheduled payment withdrawal will be March 15<sup>th</sup>!

**PLEASE NOTE: IF FOR SOME REASON YOUR EFT PAYMENT DOES NOT GO THROUGH, YOU WILL BE CHARGED A \$30 FEE JUST AS WE DO FOR RETURN CHECKS.**

## RELEASE & HOLD HARMLESS AGREEMENT

### PLEASE READ CAREFULLY

1. This agreement represents the complete understanding between the passholder and the Centralia Recreation Complex. No representations, written or oral, other than those contained within this agreement are authorized by or bonding upon the club.
2. Passes are non-transferable without express consent from Facility Director.

### **MONTHLY PASS & PROGRAM FEES ARE NON-REFUNDABLE!**

3. Extended term passes (ex: annual pass) will be terminated at the end of the agreement term. Renewals are done by filling out appropriate forms in the business office.
4. Management of the Centralia Recreation Complex reserves the right to cancel the rights, privileges, or passes of passholders whose behavior or actions is deemed detrimental to the enjoyment of the Complex facility by other users or passholders.
5. *It is agreed that the person, firm, organization, or corporation, including all those associated with said person, firm, organization, or corporation, using said facility shall indemnify and hold harmless and defend the Centralia Recreation Complex and the Centralia Foundation, its officers, agents, servants, and employees, from their use of said facilities.*

THIS IS A LEGALLY BINDING AGREEMENT AND IF IT IS NOT UNDERSTOOD BY THE PASSHOLDER HE OR SHE SHOULD CONSULT AN ATTORNEY OF HIS OR HER CHOICE.

I (We) hereby apply for a pass to the Centralia Recreation Complex and certify that I (We) have read the fully understand the terms in the preceding agreement and agree to abide by the rules and regulation set forth by the Complex and its representatives.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Employee Initials