

MEMBER



APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Card # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Gender: M F Birth Date \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Family Member's Information For Family Memberships Only**

Spouse: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Cd # \_\_\_\_\_  
 Child: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cd # \_\_\_\_\_  
 Child: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cd # \_\_\_\_\_  
 Child: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cd # \_\_\_\_\_  
 Child: \_\_\_\_\_ Gender: M F Birth Date; \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cd # \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 I was referred to the Buhl Community Rec. Center by \_\_\_\_\_.

**Buhl Community Recreation Center Membership/Program/Special Events Release and Waiver of Liability.**

I have my doctor's permission to participate in the Buhl activities/membership. I fully understand the potential risks involved in participation with this program/membership. In the event that a medical emergency should occur I hereby give permission to receive emergency medical treatment.

I hereby release, waive, discharge and agree to indemnify and hold harmless the Buhl its directors, officers, employees, and agents from any loss, liability, damage or any cost including any claim or demands therefore on account of any injury to me or damage to my property while I am upon the Buhl premises, or observing or using any facilities or equipment of the Buhl or participating in any Buhl program.

I hereby consent to have photographs/video images taken of me by a Buhl Rec. staff member or a professional approved by the Buhl Rec. Center and the use of such visual images at the discretion of the Buhl Community Rec. Center. I hereby release the Buhl Rec. Center, its directors, officer, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or visual images shall remain property of the Buhl Community Recreation Center.

I hereby read and voluntarily sign this release and waiver of liability. I further agree to follow Buhl Safety Policies and Procedures along with the Program Rules and Regulations and Membership Comfort and Safety Rules and Regulations. Failure to do so may result in expulsion from the Buhl Community Recreation Center and its program. I have read and understand the Buhl Refund Policy on programs/memberships.

Members Name Print \_\_\_\_\_ Members Name Signature \_\_\_\_\_ Date \_\_\_\_\_

COMPLETE THIS SECTION IF MEMBER IS A MINOR. Because the above member is a minor, \_\_\_\_\_ years of age or, is unable to sign for the following reasons:

NAME OF PARENT OR LEGAL GUARDIAN (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**The reason our memberships/program cost is so reasonable is in part due to funding from the United Way and other organizations.**

*Types of memberships:*

Youth, Student, College, Adult and Family

# UNITED WAY DEMOGRAPHICS

## Gender

Female

Male

## Race/Ethnicity

African American

American Indian

Asian Pacific Islander

Caucasian

Hispanic

Multi- Racial

Other

Unknown

## Income (USE 2014 HHS Poverty Guidelines, provided by UWMC)

Below Poverty Level

Low Income

Above Low Income

Unknown

Total:

## Age

0 – 5

6 – 12

13 – 18

19 – 24

25 – 34

35 – 54

55 – 64

65 – 74

75 – 84

85+

Total

# Buhl Community Recreation Center

28 N. Pine Ave., Sharon, PA 16146 \* 724-981-3700



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alt. Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please initial each statement below to acknowledge that you have read and understand each statement:**

\_\_\_\_\_ I hereby authorize the Buhl Community Recreation Center to initiate pre-authorized electronic funds transfer from my bank account or credit card account as indicated below. This authorization will remain in effect until the Buhl Community Recreation Center has received written notification from me of its termination, which must be received no later than 2 weeks before the next payment is scheduled to be withdrawn.

\_\_\_\_\_ I understand that the amount deducted from my account will be the current rate of the membership plan that I have selected when I last renewed my membership. If I change my membership plan type, the current rate for that plan will be deducted on my next scheduled payment.

\_\_\_\_\_ I understand that payments that are declined by your financial institution are subject to a penalty fee of \$10.00 and my membership will be suspended until my lapsed membership dues and penalty fee has been paid.

\_\_\_\_\_ I understand that if more than one payment is declined for any reason consecutively in a 12 month period, my autowithdraw may be automatically cancelled and I may be subject to an early cancellation fee equal to my monthly payment.

\_\_\_\_\_ By authorizing the Buhl Community Recreation Center to deduct funds from my account, I acknowledge that payment of my membership dues remains my sole responsibility. I agree and understand that the Buhl Community Recreation Center cannot be responsible for any failures of my financial institution to transfer funds or failure of mine to maintain sufficient funds in the paying account.

\_\_\_\_\_ We do understand that there are reasons that you may need to cancel your membership. However, if you are cancelling because you are unhappy, please allow us the opportunity to speak with you. If within the first year you choose to terminate your membership, you will be required to pay an early termination fee at that time equal to a one month deduction. The cancellation fee only applies to your first year. If you choose to re-join within a year of termination, you will be charged a joiner fee equal to one month.

I elect to have my membership dues electronically deducted on the 10th of each month from:

Checking or Savings Bank Account  
Please complete section A

Credit Card Account  
Please complete section B

Section A

**Bank Account Draft**

Name on Account: \_\_\_\_\_

Bank Account Type:  Checking  Savings

Routing Number: \_\_\_\_\_  
(9 digits)

Account Number: \_\_\_\_\_

Section B

**Credit Card Payment**

Name on Card: \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS OFFICE SECTION**

First Withdraw Date: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Deduction Amount: \_\_\_\_\_

Employees Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_