



## Membership Application

Membership Level: \_\_\_\_\_  
 Draft Amount: \_\_\_\_\_  
 ID #: \_\_\_\_\_  
 Renewal Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

### Members to be included in Membership

Member's Name	DOB	Age	Gender	Special Conditions

If Child is a member - Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Referred By: \_\_\_\_\_

### Membership Contract & Registration Fee

Membership Package	Joining Fee	1 <sup>st</sup> Month Prorated	Total Due
	\$	\$	\$

### Bank Draft Agreement

Please indicate type of account: \_\_\_ Checking/Savings \_\_\_ Credit/Check Card

Electronic Check	Credit Card/Debit Card
Type of Account: ___ Checking ___ Savings	Type: _____
Account Number: _____	Credit Card #: _____
Routing #: _____	Expiration Date: _____

I give authorization to Proehlfic Park to automatically draft \$\_\_\_\_\_ a month from my account. I have provided a voided check or a bank issued statement indicating routing and account number from my checking or savings account, or had my credit or debit card entered into the system. It is my understanding that the draft will take place on the 1<sup>st</sup> of each month and cannot be changed from that date. **Initial** \_\_\_\_\_

I acknowledge that if I wish to cancel within my 1 year agreement I am required to pay a cancellation fee of \$300.00 or buy out the remainder of my membership agreement which ever cost is lowest. **Initial** \_\_\_\_\_

Proehlfic Park Bank Draft is a continuous plan. I understand that I will be drafted until a **30-DAY WRITTEN NOTICE** is given and I also understand that the draft will **NOT** automatically stop after the first year of my membership. **Initial** \_\_\_\_\_

#### It is my understanding that:

- Member shall not be relieved of his/her obligations to make payments agreed to, and no deduction from any payments shall be made because of Member's failure to use Proehlfic Park facilities.
- It is my complete understanding that if I wish to terminate or change my membership in anyway, I must give Proehlfic Park a 30-DAY WRITTEN NOTICE. Errors or questions regarding the draft should be addressed to the member services office as soon as possible. Any errors must be identified NO LATER THAN 60 DAYS from the posted bank statement. Proehlfic Park DOES NOT accepts responsibility for any errors; if MORE THAN 90 DAYS have past since the initial error.
- Proehlfic Park Board of Directors may, at their discretion, adjust the monthly membership rate application to my category membership. I understand that I will receive at least 30 days notice of the change before a debit occurs at the new rate.
- Should my bank or credit card company for any reason not honor any monthly draft, I realize that I am responsible for that payment plus a \$25 service charge applied by Proehlfic Park. This is in addition to any service fee my bank may charge.
- All balances outstanding for 30 days are subject to a monthly service charge. Any unpaid balance for membership fees, goods or services past 30 days may result in automatic suspension of facility privileges. **Initial** \_\_\_\_\_

**It is my understanding that:**

- All joining and membership fees are non-refundable
- Terminations and changes to monthly membership require a 30-day written notice
- As a member I will adhere to the values of Proehlfic Park while within the complex or while participating in any Proehlfic Park program. Failure to do so may result in my membership privileges being revoked.
- I understand that all members must check-in with the front desk prior to using any of Proehlfic Park facilities.
- Membership cards must be present at each visit and may not be used by anyone but the member.
- It is my responsibility to contact my child’s physician before beginning any activity.
- In the event of a medical emergency; I authorize Proehlfic Park employees to take the necessary steps regarding medical attention (i.e. first aid, calling EMS or transportation to be admitted to the hospital) and will allow authorized hospital facilities and staff to treat me or my child for any illness or injury he/she has. Also, that I will be financially responsible for any expenses involved.
- I give my permission to have all members in the membership’s photo taken while participating in activities at Proehlfic Park. I further acknowledge that these photos may be used in advertising and marketing materials and hereby release all such photos to be used for promotion of Proehlfic Park at the will of Proehlfic Park.
- All activities involve certain inherent risks. Regardless of the care taken, it is impossible to ensure the safety of all participants. Proehlfic Park activities require coordination, balance and athletic skill. While Proehlfic Park uses care in conducting all programs, it is unable to eliminate all risk from activity.
- It is possible for participants to suffer common injuries such as muscle strains and sprains. More serious, but less frequent, injuries such as broken bones, cuts, concussions, paralysis and death may also occur. These injuries, and others, may result from such incidents as (but not limited to) slips and falls, tripping, colliding with another child or equipment, and stress placed on the skeletal system. **Initial**

**Agreement to Participate:**

In further consideration of being permitted to enter Proehlfic Park for any purpose, including but not limited to observation or use of facilities or equipment or participation in any programs affiliated with Proehlfic Park, without respect to location, I agree to the following:

- I have read and agree to follow safety rules, all posted safety rules and all rules common to athletics.
- I agree to report any unsafe practices, conditions or equipment to management.
- I possess a sufficient degree of skill and physical fitness to safely participate in physical activity.
- I understand that I am to discontinue any time I feel undue discomfort or stress.
- I will indicate below any health-related conditions that might affect my ability to participate.
- I will verbally inform activity management immediately of any health condition that will affect my physical activity. **Initial**

**Waiver of Liability**

It is understood that the use of the facilities and or the participation in sports activities at Proehlfic Park may involve the risk of serious injury or death. I expressly agree that all such activities and or the use of the facilities shall be undertaken at my own risk. I represent that I am or my minor child is physically able to undertake all physical activities provided by Proehlfic Park and Proehlfic Sports Inc. In consideration of above minor participant being permitted to participate in Proehlfic Park and in activities at Proehlfic Park, the undersigned parent(s) or guardian, on behalf of the parent, parent's heirs, parent's personal representatives or assigns, do hereby forever release, waive, discharge and covenant not to sue Proehlfic Sports Inc. (including its officers, directors, employees, affiliates, independent contractors, coaches, and volunteers) from liability for any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services or facilities provided by Proehlfic Sports Inc. and/or Proehlfic Park that the parent/guardian might have arising from injury or loss to said minor, whether due to the negligence of Proehlfic Sports Inc. or otherwise. Proehlfic Sports Inc. shall not be liable for any such claims. Participant’s parent, participant’s legal guardian, or I hereby consent and affirm the foregoing Liability Waiver on behalf of participant, participant’s family and all other parties stated. By affirming and consenting to the liability waiver of risk agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor.

I have read the preceding information and my questions have been answered. I know, understand and appreciate the risks associated with playing sports and physical activity, and I am voluntarily participating in the activities provided at Proehlfic Park and/or Proehlfic Sports Inc. In doing so, I am assuming all of the inherent risks of the sport. **Initial**

By my signature below, I acknowledge and represent that I have read and initialed all membership agreements and Waiver of Liability and fully understand and accept its terms, and sign it voluntarily.

<hr/>	<hr/>	<b>Additional Member(s) Signature(s)</b>
<b>Primary Member Name (print)</b>	<b>Primary Member (Signature)</b>	<hr/>
<b>Date</b> _____		<hr/>
<b>Signature of Member’s Parent of Guardian (if Member is under the age of 18)</b>		<hr/>
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