

# GENERAL REGISTRATION FORM - MEMBERSHIPS, CLASSES, PROGRAMS

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Members Names (if buying a family membership): \_\_\_\_\_

Would you like your membership renewal reminders emailed to you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Can we add you to our email list? No more than 6-12 emails per year, we promise! \_\_\_\_\_ Yes \_\_\_\_\_ No  
We will never share or sell your personal information.

## Rec Center Membership

\_\_\_ **Youth/Student** Under 18 or current high school or college student

\_\_\_ **Adult** 18 or over, not enrolled in school

\_\_\_ **1 Parent Family** 1 adult and dependent children\*\*

\_\_\_ **2 Parent Family** 2 adults in same household\* + dependent children\*\*

\_\_\_ **Senior** 65+ years old

\_\_\_ **Senior Family** 2 seniors in same household\* + dependent children\*\*

**Length of Membership:** \_\_\_\_\_ months

## North Coast Membership - Season Individual

### Aspire Martial Arts - Monthly

\_\_\_ **Aspire Monthly - Current Rec Center Member**

\_\_\_ **Aspire Monthly**

*If signing up for a Beginners course or the first month of Little Kickers, please use the Class and Program Registration below.*

\*The relationship between the two adults/seniors can include spouse, significant other, partner, sibling, or parent/child. Roommates are not eligible. We may request proof of common permanent address.

\*\*Dependent children are under 18 or current high school or college students that live in the same household

## Class and Program Registration

Class Name/Level \_\_\_\_\_ Start Date \_\_\_\_\_ \$ \_\_\_\_\_

Participant's Name \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Class Name/Level \_\_\_\_\_ Start Date \_\_\_\_\_ \$ \_\_\_\_\_

Participant's Name \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

**Current Rec Center Member** No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes Member #** \_\_\_\_\_

### Office Use Only

Rec Center Member #: \_\_\_\_\_

# of Months: \_\_\_\_\_  
\_\_\_\_\_ New \_\_\_\_\_ Renew

Start Date: \_\_\_\_\_

Exp Date: \_\_\_\_\_

\$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

\_\_\_ Cash

\_\_\_ Check # \_\_\_\_\_

\_\_\_ Gift Certificate # \_\_\_\_\_

Staff Initials: \_\_\_\_\_



**RECREATION  
AND FITNESS  
RESOURCES**