GENERAL REGISTRATION FORM - MEMBERSHIPS, CLASSES, PROGRAMS

Name: ___________________________________________ Date: ______________

Billing Address: ___________________________ City/State/Zip: ____________________
Email: ___________________________________________ Phone: _______________

Would you like electronic billing? _____Yes _____No

Emergency Contact: ___________________________________________ Phone: _______________

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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  60 to 79 years old
___ Senior Family  2 seniors in same household* + dependent children**
___ Super Senior  80 and over

Length of Membership: ___________ months

North Coast Membership - Season

___ Youth/Student  Under 18 or current high school or college student
___ Adult  18 or over, not enrolled in school
___ Family  Adults in same household + dependent children**
___ Senior  60 to 79 years old
___ Super Senior  80 and over

Aspire Membership - 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

Family Members Names (if buying a family membership):

*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

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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 # ______________

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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

RFR