

Membership Form

(941) 778-1908
Fax (941) 778-9511
P.O. Box 253
Anna Maria, FL 34216
www.centerami.org

Membership Category: ___Adult (18- 59 yrs.) ___Senior (60 yrs.+) ___Silver Sneakers ___Family ___Youth

Legal Last Name: _____ Legal First Name: _____

Residential Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Release/Waiver of Liability

In consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor children, and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against Anna Maria Island Community Center and its representatives, successors, employees, contractors, or volunteers (collectively AMICC) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by Anna Maria Island Community Center, help upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Anna Maria Community Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Anna Maria Island Community Center. I understand that this release includes my minor children and I represent that I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. I hereby authorize The Anna Maria Island Community Center and local newspapers to take pictures of my child and understand that these photos become the property of The Anna Maria Island Community Center and/or the newspaper. I hereby give The Anna Maria Island Community Center permission to take pictures of me and to put the finished pictures on The Anna Maria Island Community Center's web site. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting; however, no names of subjects will be published without written authorization. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes. I understand that additional forms may be required for membership. Please be advised that any fees paid prior to the activation of a membership purchase are not applied to the price of that membership.

Signature _____ Date: _____

Payment: Amount Paid/Submitted this date \$ _____

Cash Check # _____ Credit Card #: _____ Expiration: _____

By signing this consent agreement, the member agrees to have the monthly payment in the amount of _____ charged to his/her credit card (referenced above) starting on the _____ of _____, 20____, and ending the month of _____, 20____.

Signature _____ Date: _____

Bank Draft/Credit Card Payment Authorization

Member authorizes an automatic monthly payment through his/her bank account or credit card account. At the time of enrollment, member is responsible for payment of pro-rated amount for first month. The monthly draft payments are continuous until your membership is expired. Any changes to member's bank or credit card information should be submitted to The Center Front Desk Manager no later than 30 days prior to your next draft date. No requests for bank draft changes/terminations are accepted over the phone.

Continued on the reverse...

Early Termination Fees

A membership may be terminated before its term ends; however, the responsible party will be held accountable for termination fees. Annual memberships are highly discounted in exchange for the annual commitment, therefore, early termination fees will equal the amount of the difference of a month- to -month membership for the time used versus the annual membership fee. A 30 day written notice is required for early termination. Termination will be effective 30 days after official written notice is received.

Example: *Adult membership bought November 2015 for \$600 or \$50 per month*

Member Terminates in March. Member now accountable for month to month membership of 4 months (time used) @ \$100 per month (\$400). Member has already paid \$200 @ \$50 per month so Termination fee is balance of \$200.

Please provide if Family Membership

Family information (List Last Name if different)

Dependents/ Children's Name	M/F	Date of Birth	Age	Allergies/Medical conditions	Ethnicity

For dependents/ children 12 year old or older, I give permission for them to sign her/himself out of any programs they may attended. Signature _____

Persons authorized to pick up children: (1) _____ (1)Contact # _____
(2) _____ (2) Contact # _____

What are you looking to do the most at The Center? _____

Would you like the staff to contact you regarding volunteer opportunities? Yes No

Please consider making a donation to your Center. Your donation does help to make a difference.

\$5 \$10 \$20 \$50 \$100 other amount: _____

A recurring, monthly donation (*added to the monthly charge noted above*) in the mount of: _____

Thank you for taking the time to complete this member application, which is valid for one year from the date of processing. We look forward to seeing you at the Center!

Processed by: _____

Date: _____