

Payment Information

Amount Paid/Submitted this date \$ _____

Cash ____ Check # _____

Credit Card #: _____ CVV Code: _____ Expiration Date: _____

Bank Draft/Credit Card Payment Authorization

Member authorizes an Annual Membership paid in monthly installments 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.

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: _____

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 2017 for \$600 or \$50 per month Member Terminates in March. Member now accountable for month to month membership of 4 months (time used) at \$100 per month (\$400). Member has already paid \$200 @ \$50 per month so Termination fee is balance of \$200.

The Center's Cancellation/Refund Policy

Occasionally, a member may have a medical or special circumstance that would require a membership or program enrollment to be cancelled or withdrawn. Requests must be submitted in writing with supporting documentation 30 days in advance of withdraw date requested. Requests are subject to verification and will be processed for approval 30 days after written notice.

Beyond the classroom fees are only refundable if notice is given 7 days prior to scheduled enrollment date. All registration fees are non-refundable.

Program credits may be requested for sport and activity enrollments when written notice is provided prior to the start of the third game/class meeting date. After the start of the third game/class meeting date, pro-rated credits for medical reasons only will be issued. Program credits on a prorated basis may be used within one year for any Center service or program.

If for any reason, a program is cancelled by The Center, a credit or refund will be issued at a prorated basis. In the case of cancellation prior to the first scheduled meeting, a full credit or refund will be given at the discretion of the participants.

I have read and understand The Center's Cancellation/Refund Policy

Signature: _____ Date: _____

Staff Use Only Processed by: _____ Date: _____ Amount paid: _____

Membership _____ Pass _____

Adult Sport _____ Youth Sport _____ Other _____

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 The Center of Anna Maria Island and its representatives, successors, employees, contractors, or volunteers (collectively The Center) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by The Center, happen 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 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 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 Center and local newspapers to take pictures/videos of me and my child(ren) and understand that these photos/videos become the property of The Center and/or the newspaper. I hereby give The Center permission to use these pictures/videos on The Center's web site and social media sites. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting. 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:** _____

Signature of participants 18 years old or older.

1. **Signature:** _____ **Date:** _____

2. **Signature:** _____ **Date:** _____

3. **Signature:** _____ **Date:** _____

Conditions of participation

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in exercise, weight training, recreational sports, and use of fitness equipment carry a potential risk of injuries or illness. The applicant further understands that The Center of AMI assumes no responsibility for any such injury or illness.

Member conduct and right to use the facility: Applicant(s) agrees to abide by all policies and procedures of The Center of AMI and understands that failure to act in accordance with these rules may result in suspension or expulsion from The Center and revocation of the membership or participation in programs

Criminal History: The applicant(s) acknowledges that it is the policy of The Center of AMI is to deny membership to any individual convicted of a sexual offense. The Center uses photo identification national & local databases to periodically check its membership records for criminal history.

Property Loss: The applicant(s) understands that The Center is not responsible for personal property lost, damaged or stolen while using The Center facilities or participating in Center programs.

- **Would you be interested in volunteering at The Center?** Yes _____ No _____
- **Are you interested in coaching youth sports?** Yes _____ No _____
- **Reduce fee application available upon request.**
 - **Please consider making a donation to your Center. Your donation does help to make a difference.**

One time payment \$5 \$10 \$20 \$50 \$100 other amount: _____

Please note any program you would like your donation to go to: _____

Thank you for taking the time to complete this application, which is valid for one year from the date of processing. We look forward to seeing you at the Center! Please note an additional form must be filled out for our after school program & all day camps. I understand this form is only good for one year.

Signature: _____ **Date:** _____