Waynesville Recreation Center Membership Application

Primary Contact Information:

Name (Last)_____ (First)_____ (MI)_____
Address_____
City_____ State_____ Zip_____
Phone (Home or Cell)_____ (Emergency)_____

Birthdate_____ ☐ Male ☐ Female _____

Family Membership: Family is defined as individual, spouse, or dependent children that can be claimed on taxes. Step-children and adopted children qualify. Court documentation is required to include foster children on a family membership.

Non-Family category: Anyone age 25 or over, engaged couples, couples living together, older siblings, aunts, cousins, or grandchildren DO NOT qualify for the family rate.

Membership Category

__ Individual Adult
__ Family of 2 (complete other side)
__ Family of 4 (complete other side)
__ Senior (60+) /
__ Physically/Intellectually Disabled
__ Individual Child (ages 5 to 11)
__ Individual Child (ages 12 to 17)

Membership Type

__ Yearly
__ 6 Months
__ Quarterly
__ One Month
__ 6 Daily Visits Card *

☐ Corporate Membership:
Place of business_____

Check below which type of Corporate Membership:
(Your business has to complete a Corporate Application/Contract & have at least 5 employees as members here.)
☐ Individual Membership
☐ Family of 2 Membership
☐ Family of 4 + Membership

Are you a full-time Town of Waynesville resident? (Do you live in the municipal boundaries?)

Yes No **(You are not a resident of the Town of Waynesville.)**

How did you hear about us? (If *friend*, please tell us their name):_____

If you would like us to know about any medical conditions, please list below:_____

Waynesville Parks & Recreation Department
550 Vance Street
Waynesville, NC 28786
828.456.2030

"Nationally Accredited"

Household Information:

1. Name (Last)_____ (First)_____ (MI)_____
   Male Female Relationship_____ Birthdate_____
   Card #_____

2. Name (Last)_____ (First)_____ (MI)_____
   Male Female Relationship_____ Birthdate_____
   Card #_____

3. Name (Last)_____ (First)_____ (MI)_____
   Male Female Relationship_____ Birthdate_____
   Card #_____

4. Name (Last)_____ (First)_____ (MI)_____
   Male Female Relationship_____ Birthdate_____
   Card #_____

I understand that monthly payments on 6 months and yearly memberships are to be paid in consecutive months and that failure to pay monthly fees after *30 days* will result in cancellation of membership. Any new membership will require full payment in advance.

I also understand that a refund of my membership fees will not be given except for:
1.) Relocation outside of 60 miles of the Waynesville Recreation Center
2.) Medical reasons (documentation will be required)
- ***There is a $55 processing fee for all membership refunds***

All members are responsible for updating membership forms for age and address changes.

Memberships are not pro-rated due to age changes.

Furthermore, we, the undersigned, agree to hold the Town of Waynesville harmless from any and all claims that may result from our use of the Town of Waynesville Recreation Department Facilities.

_____ _____
Signature **Date**

Application processed by_____

Welcome to the Waynesville Recreation Center!
Thank you for your business and we look forward to serving *you*!

WAYNESVILLE PARKS AND RECREATION DEPARTMENT

MEMBERSHIP POLICIES, SAFETY, AND PARTICIPANT AGREEMENT PACKET

This document outlines the policies, expectations, and safety procedures of the Waynesville Parks and Recreation Department ("Department") and the Town of Waynesville ("Town"). These policies are designed to provide a safe, inclusive, and welcoming environment for all participants.

By signing below, participants acknowledge and agree to all policies contained in this packet.

1. PARTICIPANT SAFETY AND RESPONSIBILITY

Participation in recreational, fitness, aquatic, and athletic activities involves inherent risks. Participants are responsible for determining whether they are physically and medically able to participate and must use facilities and equipment only within their abilities.

The Department does not provide medical screening or evaluation. Participants are encouraged to consult with a physician prior to participation if they have health concerns.

Participants must immediately report injuries, unsafe conditions, or concerns to staff.

2. MEDICAL EMERGENCIES AND EMERGENCY RESPONSE

The Department maintains emergency response procedures to protect the health and safety of all participants.

In the event of a suspected medical emergency, staff will follow established protocols, which may include providing first aid and activating Emergency Medical Services (911).

Staff are trained to use their professional judgment when determining whether emergency services are necessary. This may include, but is not limited to:

- Seizures
- Loss of consciousness
- Breathing or cardiac distress
- Head injuries
- Serious illness or injury
- Any condition that appears life-threatening

Emergency Medical Services may be contacted even if the participant, parent, guardian, or caregiver requests that emergency services not be called. Refusal of care does not prevent staff from activating emergency responders when a medical emergency is suspected.

Participants are financially responsible for any medical care, treatment, or transportation.

3. MEDICAL CONDITIONS, DISCLOSURE, AND ACCOMMODATIONS

The Department is committed to providing inclusive programs and services.

Participants are encouraged to disclose any medical, physical, cognitive, behavioral, or health condition that may affect safe participation so that reasonable accommodations can be considered.

Reasonable accommodations will be provided when possible; however, accommodations will not be provided if they would fundamentally alter the nature of a program or create a direct threat to the health or safety of the participant or others.

4. CAREGIVER AND SUPERVISION REQUIREMENTS

The Department does not provide personal care, medical monitoring, behavioral support, or one-on-one supervision.

Participants who require assistance due to medical, cognitive, behavioral, or physical conditions must provide their own qualified caregiver when necessary.

The Department reserves the right to require a parent, guardian, or caregiver to remain onsite or directly supervise participation based on individualized safety considerations.

Failure to comply with caregiver or supervision requirements may result in restricted participation or termination of membership.

5. YOUTH AND VULNERABLE PARTICIPANT SUPERVISION

Parents and guardians are responsible for supervision of minors and vulnerable participants.

The Department may require guardian presence in certain programs or facility areas. Parents and guardians must ensure timely pickup.

The Department does not provide supervision outside designated programs.

6. MEMBER CODE OF CONDUCT

To maintain a safe and welcoming environment, members and guests must:

- Treat staff and participants with respect
- Follow all rules, policies, and staff instructions
- Use equipment and facilities safely
- Refrain from threatening, abusive, or disruptive behavior

The Department reserves the right to suspend or terminate membership or remove individuals from programs or facilities when necessary to protect health, safety, or welfare.

7. FACILITY RULES AND EQUIPMENT USE

Participants must follow all posted rules and safety guidelines.

Equipment must be used only as intended. Unsafe or improper use may result in suspension or termination.

Participants must report damaged or unsafe equipment.

8. PERSONAL PROPERTY

The Department is not responsible for lost, stolen, or damaged personal property. Participants are encouraged to secure belongings.

9. MEMBERSHIP USE AND ACCESS

Memberships are non-transferable. Members must check in as required.

Unauthorized use may result in suspension or termination.

Members are responsible for ensuring that their guests comply with all policies.

10. ACCESSIBILITY AND ADA COMPLIANCE

The Department is committed to providing inclusive programs and reasonable accommodations in accordance with applicable laws.

Participation may be modified or restricted when necessary to ensure safety or when a participant poses a direct threat to themselves or others.

Participants requiring personal assistance must provide a caregiver when necessary.

11. POLICY CHANGES

The Department reserves the right to modify policies, programs, fees, hours, and facility access.

Updates will be communicated through posted notices, the website, or email when possible.

12. COMMUNICATION CONSENT

Participants consent to receive communication regarding membership, safety alerts, emergency notifications, closures, and program information.

13. PHOTOGRAPHY AND MEDIA

Photographs or recordings may be taken for promotional purposes unless written notice is provided.

14. DAILY PARTICIPATION ACKNOWLEDGMENT

Participants may be required to sign in daily, acknowledging safety procedures and emergency response policies.

15. ACKNOWLEDGMENT AND AGREEMENT

I certify that I have read and understand this document and agree to comply with all policies and procedures. I understand these policies are designed to protect the safety of participants and staff.

Participant Name: _____

Signature: _____

Date: _____

Parent or Guardian (if participant under 18):

Name: _____

Signature: _____

Date: _____