

MEMBERSHIP APPLICATION

Primary Contact Information:

Name (Last) _____ (First) _____ (MI) _____
Address _____
City _____ State _____ Zip _____
Phone (Home or Cell) _____ (Emergency) _____
Birthdate _____ Male Female Card # _____

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
- 12 Daily Visits Card *
- 6 Daily Visits Card *

* 12/6 cards will expire 1 year / 6 months from purchase date and does not have discounts on child care

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
- Senior (age 60+) Membership

Are you a full-time Town of Waynesville resident?
(That is, does the Town pick up your trash?)

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: _____

Don't miss out on information!
Get it by email and/or text:

Select any of the following subjects:

- WRC Fitness Classes
- Personal Training
- Swim Lessons
- Smoky Mountain Aquatic Club (SMAC)
- Senior Trips
- Base Camp Summer Camp
- Base Camp On the Go
- Opening & Closing Announcements
- Tennis
- Pickleball
- Volleyball
- Athletic Camps
- Softball



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 \$50 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 _____

Last Modified: 7/24/07

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