ROSS COMMUNITY CENTER

Membership Application

Primary Member Information

Name _____ MI _____ Last _____

Birthdate _____ Gender _____

Mailing Address _____ Apt# _____

City _____ State _____ Zip _____

Primary Phone _____ Phone _____

Email _____

Emergency Contact _____

Phone _____

Family Membership Information

Name	Relationship	Birthdate
Name	Relationship	Birthdate
Name	Relationship	Birthdate
Name	Relationship	Birthdate
Name	Relationship	Birthdate
Name	Relationship	Birthdate
Name	Relationship	Birthdate
Name	Relationship	Birthdate

Membership Options

Please check the type of membership you are applying for

Student	One Adult Household	Senior
Adult	Two Adult Household	Two Seniors

Membership Application

By signing this member enrollment form, I agree that I and anyone listed as part of this unit will abide by the Ross Community Center's Code of Conduct. I acknowledge that it's the policy of the Ross Community Center to deny membership to individuals convicted of a sexual offense and that the Ross Community Center checks its membership records for convictions monthly.

Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE?   Yes   No

I understand that the Ross Community Center's activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Ross Center activities. I further waive, release, absolve, indemnify and agree to hold harmless the Ross Community Center, the staff and volunteers from any claims or injury sustained during my use of the Ross Center's program and facilities.

As a new member of the Ross Community Center, you will receive a membership handbook today. The book contains Ross Center policies and procedures that are important for you to be familiar with; we ask that you please review the membership handbook. By signing below, I verify that all of the information I have provided is accurate and that I have read and understand the above text. I also acknowledge I have received and understand that it is my responsibility to review the Membership Book.

Signature: _____   Parents Signature: _____   Date: _____
(Primary Account Holder)   (If youth is under 18 and is the primary account holder)

For Office Use Only

Membership Type		Join Date		Member guide ☐
Rate		Paid in Full ☐		Cards ☐
Payment Plan	Payment 2	Payment 3		Payment 4
Staff Initials	Staff Initials	Staff Initials		Staff Initials