

# Application for Carolina Beach Recreation Membership



Primary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Email: \_\_\_\_\_ Age: \_\_\_\_\_

Second Adult: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Second Email: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

**Please check the membership type you are purchasing. If you are purchasing a Family Membership, please list your immediate family members below.**

CB Resident	Resident Family	\$210	Family Members are defined as dependents living in your residence up to age 24.	
	Resident Adult	\$105	Name: _____	DOB: _____
	Resident Senior (60+)	\$80	Name: _____	DOB: _____
	Resident Retired Military	\$80	Name: _____	DOB: _____
	Resident Active Military	\$100	Name: _____	DOB: _____
	Resident Youth (Under 18)	\$80	Name: _____	DOB: _____
	Non-Resident Family	\$310	Name: _____	DOB: _____
Non-Resident	Non-Resident Adult	\$180	Name: _____	DOB: _____
	Non-Resident Senior (60+)	\$130	Name: _____	DOB: _____
	Non-Resident Retired Military	\$130	Name: _____	DOB: _____
	Non-Resident Active Military	\$175	<b>* Medical Status:</b> _____	
	Non-Resident Youth (Under 18)	\$130	_____	

DUE TO THE INHERENT RISKS INVOLVED IN EXERCISE AND RECREATION, ALL MEMBERS VOLUNTARILY RELEASE THE TOWN OF CAROLINA BEACH, THE PARKS AND RECREATION DEPARTMENT AND ITS STAFF, FROM ANY AND ALL RESPONSIBILITY, LIABILITY, CLAIMS, DEMANDS, OR CAUSES OF ACTION, ON ACCOUNT OF INJURIES OR PROBLEMS OF ANY NATURE, WHICH MAY ARISE AS A RESULT OF THEIR PARTICIPATION AS MEMBER OF THE RECREATION CENTER. PARENTS WILL BE HELD FINANCIALLY RESPONSIBLE FOR ANY DAMAGES OR LOSSES TO THE RECREATION CENTER DUE TO THE DIRECT ACTIONS OF THEIR CHILDREN THROUGH THE AGE OF 17. **MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERRABLE.**

I HAVE READ AND AGREE TO ABIDE BY ALL RULES STATED ON THE RECREATION CENTER CODE OF CONDUCT.

**\*All youth through the age of 17 MUST have a parent or guardian's signature to apply for Rec Center Membership.**

Signature: \_\_\_\_\_ \*Parent/Guardian Signature: \_\_\_\_\_

Office Use Only

Payment Type: \_\_\_\_\_ Check/CC #: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_