



Membership Application



P.O. Box 305 • 42 Community Drive • Benton, PA 17814 • (570) 925 - 0163 • www.n4cs.org

Please fill in all appropriate spaces and sign the waiver on the back of this form. If you are a first time registrant you must show valid proof of residency (i.e. driver's license, current tax bill, vehicle registration, or home purchase contract) when registering.

Payment is due at the time of registration.

Member First Name: _____ Member Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: F / M D.O.B. ____ / ____ / ____ Scan Code: NC _____

Municipality: _____ County: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

E-Mail: _____ **Please note receipts sent via email**

Alternate E-Mail: _____ Silver Sneakers ID: _____

Head of Household? Y / N First Name: _____ Last Name: _____

Membership Type

(Please Fill the Dot for the Appropriate Option)

	1 Month	3 Months	6 Months	1 Year
Youth (12 and under)	\$18 <input type="radio"/>	\$35 <input type="radio"/>	\$53 <input type="radio"/>	\$76 <input type="radio"/>
Teen (13 to 19)	\$22 <input type="radio"/>	\$40 <input type="radio"/>	\$64 <input type="radio"/>	\$98 <input type="radio"/>
Young Adult (20 to 25)	\$31 <input type="radio"/>	\$55 <input type="radio"/>	\$106 <input type="radio"/>	\$153 <input type="radio"/>
Adult (26-61)	\$42 <input type="radio"/>	\$77 <input type="radio"/>	\$152 <input type="radio"/>	\$241 <input type="radio"/>
Senior Adult (62+)	\$35 <input type="radio"/>	\$70 <input type="radio"/>	\$141 <input type="radio"/>	\$208 <input type="radio"/>
Family	\$70 <input type="radio"/>	\$136 <input type="radio"/>	\$266 <input type="radio"/>	\$439 <input type="radio"/>
Single Parent Family	\$64 <input type="radio"/>	\$121 <input type="radio"/>	\$233 <input type="radio"/>	\$373 <input type="radio"/>
Senior Adult Family	\$59 <input type="radio"/>	\$114 <input type="radio"/>	\$222 <input type="radio"/>	\$351 <input type="radio"/>

Silver Sneakers: Y / N Prime: Y / N Charter Member: Y / N Active Military Discount 20%: Y / N

Additional Family Members

Name: _____ Sex: M / F D.O.B. ____ / ____ / ____ Scan Code: _____

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Name: _____ Sex: M / F D.O.B. ____ / ____ / ____ Scan Code: _____



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N4Cs RECOMMENDS CONSULTING WITH YOUR PHYSICIAN BEFORE BEGINNING ANY NEW EXERCISE ROUTINE

Emergency Contact

Name: _____ Relation: _____ Phone: _____

Medical History:

Do you have current Health Insurance Coverage? Y / N Provider: _____

Family Physician: _____ Phone: _____

Known Allergies: _____

Other Medical Conditions: _____

Additional Family Members Medical Conditions (Include Name):

Medical Release:

I release the Northern Columbia Community and Cultural Center from any and all liability, loss, costs, damage and expenses resulting from any injuries (including death) suffered during my participation in any program or function held by or in conjunction with N4Cs. I knowingly accept the risks and hazards that are associated with, or can arise from physical activity or participation in recreation activities.

Refund Policy

Memberships are non-refundable except if the following conditions are met:

1. A signed and dated doctors note is provided stating the member is unable to use the facility for medically related reasons.
2. Proof of relocation outside of 20 miles of N4Cs

Any other requests for refunds must be approved by the Executive Director of N4Cs.

RETURNED CHECKS WILL RESULT IN A \$25.00 FEE FROM N4CS TO THE ACCOUNT HOLDER

OFFICE USE ONLY

Begin Date: ___ / ___ / ___ Amount Due: \$ _____ Amount Paid: \$ _____

Method Paid: CASH ECH - ECH Form Attached: Y / N

CHECK - CK# _____ FINANCIAL AID - GIVE TO DIRECTOR TO COMPLETE TRANSACTION

CREDIT CARD

ACTIVENet: Y / N Staff Name: _____ Date Entered: ___ / ___ / ___



Northern Columbia Community & Cultural Center Member and Participant Agreement

NOTE: THIS AGREEMENT MUST BE SIGNED BEFORE MEMBERSHIP SALE CAN PROCEED.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I acknowledge and assume the risks of property damage, accidents, injuries (including death), loss of bodily functions, disabilities, medical disorders, pain and suffering, lost income and medical expenses that arise from participation in any program or activity offered by N4Cs, and my use of facilities, transportation services, premises and equipment provided by N4Cs. I further acknowledge that the foregoing risks may arise from my own action or inaction, the actions or inaction of other program or activity participants, the conditions under which a program or activity is conducted, or from the negligent actions or inaction (including any failure to warn) of N4Cs personnel, contractors or service providers. I also acknowledge that from time to time, the Northern Columbia Community and Cultural Center may take photographs of me participating in programs or activities offered by N4Cs for use and publication in various publications or media, including but not limited to N4Cs website, social media sites, department program brochures or materials, and N4Cs informational, promotional or marketing materials, and I hereby expressly grant to the Northern Columbia Community and Cultural Center the right to use and publish such photographs as contemplated herein, all without compensation or payment for such use and publication. In consideration of being allowed to participate in programs or activities offered by N4Cs, I hereby release, waive and discharge N4Cs and its officers, officials, employees, agents, volunteers and contractors (collectively, the "Releasees") from any and all liability and all claims of any kind whether for personal injury, property damage or death, arising from participation in any activity or program offered by N4Cs, or arising from the use or publication by Releasees of photographs of me participating in programs or activities offered by the Department, whether or not caused by the negligence of the Releasees or any of them and further covenant that I shall not sue any of the Releasees with respect to any such liability or claims. In the event that I or anyone else nonetheless makes a claim or files suit against Releasees arising out of any of the above-described matters, I will indemnify and hold Releasees harmless of and from any and all damages or judgments and costs of litigation, including attorney fees. I am signing this Agreement freely and voluntarily, having read and understood it and with a full opportunity to consider its substance and with the intention of fully and unconditionally assuming the risks and releasing the liabilities as described above in this Agreement.

Customer Signature

Date

Acceptance of Membership Terms

I hereby accept the policies and procedures set forth by the Northern Columbia Community and Cultural Center and agree to adhere to these policies. I acknowledge and accept the *Medical Release* as stated on Page 2. I fully accept that failure to adhere to N4Cs policies can result in termination of my membership, and any memberships for which I am responsible at the discretion of N4Cs, and with the understanding that no refund will be given for the membership(s).

Customer Signature

Date

REQUIRED PARENT/GUARDIAN SIGNATURE FOR MINOR PARTICIPANTS

By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this Agreement as set forth above, including but expressly not limited to those terms and conditions pertaining to the taking of photographs of program and activity participants, the use and publication of such photographs and the release of all claims associated therewith.

Customer Signature

Date



Northern Columbia Community & Cultural Center **Member and Participant Agreement**

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PARTICIPANT PHOTOGRAPH WAIVER

I acknowledge that the Northern Columbia Community and Cultural Center may take photographs of me, or any dependents of mine participating in programs or activities offered by N4Cs for use and publication in various publications or media, including but not limited to N4Cs website, social media sites, department program brochures or materials, and N4Cs informational, promotional or marketing materials. I hereby expressly grant to the Northern Columbia Community and Cultural Center the right to use and publish such photographs as contemplated herein, all without compensation or payment for such use and publication.

Customers Signature (guardian's signature if under 18 years old): _____

Date: _____