



Rec Center Membership Application

P.O. Box 1419, Pelham, Alabama 35124 | 205.620.6426

tdudley@pelhamalabama.gov | kdowney@pelhamalabama.gov

***ONLY TWO (2) ADULTS OVER THE AGE OF 23 LIVING IN THE SAME HOUSEHOLD ALLOWED UNDER ONE MEMBERSHIP.*
CHILDREN UNDER THE AGE OF 14 MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES.**

NAME 1: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NAME 2: _____

DATE OF BIRTH: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

MEMBERSHIP TYPE (CHECK ONE): INDIVIDUAL FAMILY

ANNUAL MONTHLY

SILVER SNEAKERS/PRIME NUMBER _____

RENEW ACTIVE NUMBER _____

ADDITIONAL FAMILY MEMBERS:

NAME: _____

DATE OF BIRTH: _____

NAME: _____

DATE OF BIRTH: _____

NAME: _____

DATE OF BIRTH: _____

NAME: _____

DATE OF BIRTH: _____

I/WE KNOW THAT PARTICIPATION IN ACTIVITIES AT THE PELHAM RECREATION CENTER/PELHAM PARKS & RECREATION MAY RESULT IN SERIOUS INJURIES OR EVEN DEATH. I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE CITY OF PELHAM, PELHAM RECREATION CENTER, PELHAM PARKS & RECREATION, THE ORGANIZERS, SPONSORS, PARTICIPANTS, AND PATRONS FOR ANY CLAIM ARISING OUT OF ANY INJURY, WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER CAUSE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

SIGNATURE OF APPLICANT

APPLICATION DATE



Financial Authorization Form

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CREDIT AUTHORIZATION

I (we) authorize the Pelham Parks & Recreation Center to charge the amount listed below to the credit card provided herein. **I understand that a processing fee of 3% will be charged as a separate transaction on my credit card bill and will not appear on my final invoice, and I agree to pay the below amount in accordance with the issuing bank cardholder agreement.** If choosing "monthly payments," I understand I must give a 30-day written notice for these charges to be suspended. In the case of a transaction being rejected for Non-Sufficient Funds (NSF), I understand that the Pelham Parks & Recreation Center may, at its discretion, attempt to process the charge again within 30 days. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

RECURRING Monthly Charges: \$ _____ (USD)

Card Type: Visa MasterCard American Express Discover

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

CVC: _____

Cardholder ZIP Code (from credit card billing address): _____

Signature

Date



Communication Consent Form

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I authorize Pelham Parks & Recreation to send me future written correspondence via email and/or text messaging. My email and/or text messaging authorization does not obligate Pelham Parks & Recreation to communicate with me by email and/or text messages to my cell phone or cease non-electronic communication. I acknowledge that some circumstances may prevent Pelham Parks & Recreation from responding to my inquiry by email and/or text messaging.

I CONSENT to Pelham Parks & Recreation contacting me via text messaging using the cell phone number I provided.

I CONSENT to Pelham Parks & Recreation contacting me via email using the email address I provided.

I am authorizing Pelham Parks & Recreation to send me future written correspondence regarding information relevant to parks & recreation, health & wellness, community events, and sporting events.

I CONSENT to Pelham Parks & Recreation contacting me via text messaging using the cell phone number I provided.

I CONSENT to Pelham Parks & Recreation contacting me via email using the email address I provided.

SIGNATURE

DATE