



2008

Plainfield Parks & Recreation

Recreation & Aquatic Center Memberships

Membership Guidelines

- Memberships are the most economical way to enjoy the Plainfield Recreation and Aquatic Center!
- Please discuss your membership options with our Guest Services staff; we will help you decide the best membership to purchase for your money.
- Discuss the age, height and weight requirements for all areas in the different facilities with us before you purchase.
- Memberships can be upgraded at any time, but once purchased, there are no refunds.
- Families with more than four family members may purchase discounted individual memberships for their additional family members at the time of the original family pass purchase.
- Facility admission is "first-come, first-served". Access to or availability of facilities, programs, or equipment is not guaranteed.
- Initial if you have read and understand all above. _____

Regular Membership Rates

<u>Family Membership:</u>	<u>12 Months</u>	<u>6 Months</u>	<u>3 Months</u>
Family of Four Membership	\$760.00	\$400.00	\$215.00
Each Additional Member	\$190.00	\$100.00	\$60.00

<u>Individual Membership:</u>	<u>12 Months</u>	<u>6 Months</u>	<u>3 Months</u>
Adult (18 - 59)	\$420.00	\$220.00	\$120.00
Youth (5 - 17)	\$268.00	\$142.00	\$79.00
Pre-School (up to 4)	\$210.00	\$110.00	\$63.00
Senior (60 and up)	\$268.00	\$142.00	\$79.00
Adult Married Couple	\$714.00	N/A	N/A
Senior Married Couple	\$457.00	N/A	N/A
10 visits pass	\$53.00		

Plainfield Resident Membership Rates

<u>Family Membership:</u>	<u>12 Months</u>	<u>6 Months</u>	<u>3 Months</u>
Family of Four Membership	\$535.00	\$279.00	\$152.00
Each Additional Member	\$152.00	\$90.00	\$48.00

<u>Individual Membership:</u>	<u>12 Months</u>	<u>6 Months</u>	<u>3 Months</u>
Adult (18 – 59)	\$299.00	\$152.00	\$89.00
Youth (5 – 17)	\$163.00	\$95.00	\$53.00
Pre-School (up to 4)	\$152.00	\$89.00	\$48.00
Senior (60 and up)	\$163.00	\$95.00	\$53.00
Adult Married Couple	\$509.00	N/A	N/A
Senior Married Couple	\$320.00	N/A	N/A
10 visits pass	\$37.00		

***A resident resides in or personally owns real property in the corporate limits of Plainfield, Indiana.
Residents are required to present proof of residency at the time of purchase to receive resident rates.***

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Membership Information:

Type: ___ New ___ Renewal ___ Upgrade

Class: ___ Family ___ Adult ___ Youth ___ Pre-School ___ Senior ___ Couples

Term: * ___ 12 Months ___ 6 Months ___ 3 Months * ___ 10-Visit Pass * ___ Punch Card ___ Prime

*All annual memberships and 10 visit passes expire within 1 year of purchase.

Address Information:

Address: _____
 Number Street Name Street Type Apt. #
 City/Town: _____ State: _____ Zip: _____
 Phone 1: _____ Phone 2: _____
 Home/work/cell Home/work/cell
 Email Address: _____

Member Information:

<i>Please Print</i>	Name	Date of Birth	Male/Female
Primary Member: 1:	_____	_____	M F
Family Member: 2:	_____	_____	M F
Family Member: 3:	_____	_____	M F
Family Member: 4:	_____	_____	M F
Family Member: 5:	_____	_____	M F
Family Member: 6:	_____	_____	M F

"I understand that once purchased there are no refunds for memberships, and that I cannot inactivate my membership during its term. _____ (INITIAL) I understand that memberships do not guarantee admission, and that all facilities are "first come, first served" regardless of means of entry or residency. _____ (INITIAL) If I purchase a family membership (includes up to four members), I understand that family members listed above must live at my address, and that "additional family member" discounted memberships may only be added to my membership at the time of my initial purchase of a regular family membership." _____ (INITIAL)

With my signature, I recognize and accept any and all risk of injury to person and / or property that shall exist as a result of participating in any athletic activity offered by Plainfield Parks and Recreation and Aquatic Center. I do hereby agree to indemnify, waive, release, hold harmless, and discharge Plainfield and Recreation and Aquatic Center employees, agents, sponsors, and any individual or entity operating on behalf of Plainfield Parks and Recreation and Aquatic Center for any bodily injury, claims, damages, or expenses that may sustain as a result of participation in any athletic activity offered by Plainfield Parks and Recreation and Aquatic Center. In the event my child should require immediate medical attention for any injury or illness, I hereby give consent and authorize trained Plainfield Parks and Recreation and Aquatic Center personnel to administer the appropriate first-aid and / or medical treatment. I also authorize Plainfield Parks and Recreation and Aquatic Center and / or its agents and / or employees to provide for ambulance service to the nearest medical facility for treatment if deemed necessary.

Signature of Primary Member: _____

Payment Method: Visa MasterCard Cash Check Amount _____

P&R Staff Entry: _____ Date: _____

Residency Verification

1. I.D. _____ 2. Utility Bill _____ 3. Map Check _____

<u>Renewal</u>

date

amount

type - term
<u>Renewal</u>

date

amount

type - term
<u>Renewal</u>

date

amount

type - term
<u>Renewal</u>

date

amount

term