

Leroy Springs Recreation Complex Membership Application

Requested Membership Type _____

Primary Last Name Primary First Name

Address

City State Zip

Home Phone: _____ Primary Work _____ Primary Cell: _____

Health Insurance Company Name Driver License & State Issued

E-Mail Address

Applicants for Membership:

Primary Gender Relationship Birth Date

Secondary Gender Relationship Birth Date

Dependent Gender Relationship Birth Date

Dependent Gender Relationship Birth Date

Dependent Gender Relationship Birth Date

Dependent Gender Relationship Birth Date

Waiver (Signature Required)

I hereby release Leroy Springs & Co. Inc., (LSC) its directors, officers, employees, agents or volunteers, from all liability related to loss or damage to personal property or bodily injury, while traveling from to/from sponsored events, or while on properties owned by LSC. I/We certify that I/We are covered by an insurance program, which will compensate for injuries incurred while participating in LSC activities. Upon acceptance, I agree to pay dues and abide by all rules and regulations established by LSC. I understand this agreement is to remain in effect until cancelled by either party and may not be reinstated for a period of one year unless a reinstatement fee is paid. **Thirty day written notice is required upon cancellation of membership.**

I also grant Leroy Springs & Co., Inc. (LSC) the right and permission to take and use photographs and or/ sound image/ recordings of me or that of a child whom I am the legal guardian, to use for the promotion of advertising and marketing the activities of LSC. I understand that no monetary payment will be made to me for such uses. I release LSC from all claims, for any cause of action arising out of taking and/or use of photos and/or sound and image recordings.

Signature (required)

Date

Name:

Leroy Springs Recreation Complex

Automatic Membership Payment Authorization

Leroy Springs & Company, Inc. is please to offer you the pre-authorized payment plans for your convenience. If you choose a **MONTHLY** membership, dues will be deducted from your bank account or charged to a credit card. If you choose a **QUARTERLY** membership, your dues will be automatically charged to your credit card every three months (see schedule below). This plan allows us to better service your account.

Please complete either the Monthly or Quarterly membership information in the following sections:

MONTHLY BANK DRAFTS:

In order for your request to be processed, you must:

- Complete all items on this form
- Submit a VOIDED check from your bank checking or savings account. (Note: it may be necessary to verify with your bank that your account can be automatically drafted).

Date that account will be drafted: 1st _____ 15th _____ Amount \$ _____

Date of First Draft: _____ for _____ (month/year)

Financial Institution Name

ABA Transit Routing Number (9 digits)

Account Number

I authorize Leroy Springs & Company, Inc. (LSC) to initiate electronic debit entries and to initiate, if necessary, credit entries and adjustments for any debit errors to my checking account or savings account indicated below. I authorize the financial institution named below to debit and/or credit these entries from my account. These payments will be debited each month on the 1st or 15th as indicated below.

This authorization is to remain in effect until I notify LSC in writing of its termination. To cancel this automatic debit, I must provide written notice of cancellation to LSC not less than **30 days** prior to the next scheduled automatic draft. LSC may terminate this payment plan upon notice of two (2) in-sufficient funds transactions. There is a \$30 return service fee for all insufficient bank drafts. Memberships will be immediately terminated if the bank draft account has been closed or a stop payment order issued by the customer. LSC reserves the right to cancel this agreement without prior written notice. LSC will notify me of any changes in the dollar amount debited from my account. LSC shall not be liable for losses caused by the financial institution's failure to act in accordance to this request.

Customer Signature (required)

Date

Account Holder Signature (if different from Customer)

Date

MONTHLY OR QUARTERLY AUTOMATIC CREDIT CARD PAYMENTS:

Schedule for posting charges to Credit Card Accounts:

Monthly: First business day of each month.

Quarterly: January 1, April 1, July 1, and October 1

Type of Credit Card to be Charged (check one): () Visa () MasterCard () Discover

Credit Card Number

Expiration Date (mm/yy)

Name on the Credit Card

\$ _____
Dues Amount

I authorize Leroy Springs & Company, Inc. (LSC) to initiate charges to my credit card account. I authorize the credit card company named to accept these charges to my credit card account. The quarterly membership payment schedule is listed above. This authorization is to remain in effect for the duration of your membership. To cancel this automatic payment, I must provide written notice of cancellation to LSC not less than **30 days** prior to the next scheduled payment. LSC may terminate this payment plan upon notice of two (2) declined transactions. LSC reserves the right to cancel this agreement without prior written notice. LSC will notify me of any changes in the dollar amount charge to my account. LSC shall not be liable for losses caused by the credit card company's failure to act in accordance to this request.

Customer Signature (required)

Date