



# COTTONWOOD RECREATION CENTER

## Membership Application

150 S. 6<sup>th</sup> Street  
Cottonwood, AZ 86326

Telephone: 928-639-3200  
E-Mail: rbabbitt@cottonwoodaz.gov

### HOUSEHOLD INFORMATION

PLEASE PRINT

Head of Household \_\_\_\_\_ Today's Date \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street
Apt. #
City

Mailing Address \_\_\_\_\_  
Street/Box
City
Zip

City Of Cottonwood Resident? *(Must provide proof)*    **YES**    **NO**

Phone \_\_\_\_\_  
Home
Cellular
Other

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name
Phone

#### Family Members Included in Membership (If Applicable)

Name	Relationship	Age	Date of Birth	Sex

**AGE POLICY:** Children under the age of 13 must be accompanied and supervised by a parent or guardian at all times while in the facility except for those areas designated by CRC Staff. No one under 13 is allowed in the weight room or cardiovascular exercise area. Children ages 13 and 14 must be supervised when in the cardio/weight area. No one under 18 is allowed in the hot tub/spa. If applicant is less than 18 years of age, a parent or legal guardian must co-sign this Membership Agreement. Children 4 years old and younger will be admitted free of charge to the pool and general areas. Baby-sitting services are an additional cost. "Family Member" includes spouse or significant other living at the same address, those claimed as dependents up to age 23, and other relatives living at the same address.

# Cottonwood Recreation Center

## Membership Code of Conduct

Please read the contract statement below and sign, acknowledging that you have read and will abide by statements as written:

I, \_\_\_\_\_, understand and agree to abide by the following conditions in application for membership at the Cottonwood Recreation Center:

- ◆ I understand that my use of the facility is accepted at my own risk, and agree to hold harmless the City of Cottonwood, its employees, contractors and representatives for any injury I may sustain.
- ◆ I agree to use extreme caution with regard to my safety and the safety of others when using the facility and its equipment.
- ◆ I will abide by the rules, regulations and procedures of the CRC (complete lists available on request), which are clearly posted, and abide by the verbal instructions of the CRC staff.
- ◆ Violations of any rule will be enforced by the CRC Managers.
- ◆ Failure to abide by facility rules and regulations MAY RESULT IN LOSS OF FACILITY PRIVILEGES WITHOUT REFUND.
- ◆ I accept full responsibility for my household members and guests.
- ◆ All statements on this application are true to the best of my knowledge.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### STAFF USE ONLY

Membership Category: \_\_\_\_\_ Membership Length: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Type of Payment: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Household ID Number: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_ (Driver's License, utility bill, apartment lease, etc.)

\*\*\*must live in incorporated City of Cottonwood limits to qualify as a resident\*\*\*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_