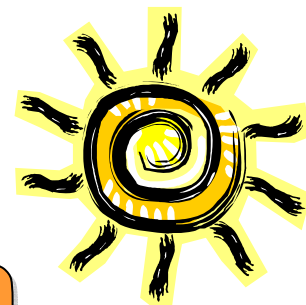




Summer



Membership

Choose your package:

May 23-August 20, 2010

or June 13-September 10, 2010

Receive all the benefits of a year long membership!

Reduced registration fees

Priority registration on most programs

Free fitness assessment and orientation

6-pack of 50% off coupons to bring in friends

40% savings on open skate admission at Iceland USA

Membership can be applied towards a yearly membership before expiration

Please note that the Aquatic Center is closed for Annual Cleaning 8/23-9/7

The Center is closed for Annual Cleaning 8/23-8/25

	<u>Resident /FT Work in Strongsville</u>	<u>Non-Resident</u>
Adult Individual	\$148	\$247
Couple*	\$213	\$347
Youth (Ages 4-18)	\$87	\$162
College Student*	\$87	\$162
Family*	\$246	\$419
Senior (Age 60+)	\$81	\$149
Senior Couple	\$149	\$279
Military*	\$81	\$149

***See the front desk for detailed descriptions.**

**440.580.3260 ~ www.strongsville.org
Ehrnfelt Recreation Center
18100 Royalton Road, Strongsville**



Strongsville
 18100 Royalton Road
 Strongsville, Ohio 44136
 www.strongsville.org

2010 Summer Membership Application

Ehrnfelt Recreation Center

(440)580-3260 (440)572-3503 Fax

All memberships are NON-REFUNDABLE and NON-TRANSFERABLE
 Money CAN be used towards a year membership before expiration of the 90 day membership.

Membership Valid May 23-August 20, 2010

Circle Membership Strongsville Resident Non-Resident Non-Resident/Full-Time Work

Membership Type (circle one) Family Adult Individual Couple Youth Individual Senior Senior Couple College Military

PRIMARY MEMBER

First Name _____ **M.I.** ____ **Last Name** _____

Address _____ **Zip** _____ **City** _____

Home Phone (____) _____ - _____ **Work Phone** (____) _____ - _____ **Additional Phone** (____) _____ - _____

Birth Date ____ - ____ - ____ **Age** _____ **Sex** _____

ADDITIONAL MEMBERS

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>
_____	____ - ____ - ____	_____	_____
_____	____ - ____ - ____	_____	_____
_____	____ - ____ - ____	_____	_____
_____	____ - ____ - ____	_____	_____

AGREEMENT AND AUTHORIZATION

By signing this form I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that membership is for one year from the date of application and is non-transferable and non-refundable. I understand that I take responsibility for the accuracy and completeness of all the information filled in on this form by me. I also realize that updating of this information is solely my responsibility, and I hereby release all other parties from any and all responsibility. I understand that this Agreement is binding on me, my legal representatives and heirs. Authorization is also given to the City of Strongsville to release the information on this application to emergency callers.

WAIVER AND RELEASE

In consideration of the City of Strongsville and the Strongsville Parks, Recreation, & Senior Services Department granting me permission to engage in the recreational activities at the Ehrnfelt Recreation Center, the undersigned does hereby waive, release, save, and hold harmless and indemnify the City of Strongsville, the Strongsville Parks, Recreation, & Senior Services Department, their organizers, officers, employees, agents, and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Strongsville, the Strongsville Parks, Recreation, & Senior Services Department, their organizers, officers, employees, agents, and sponsors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Strongsville and the Ehrnfelt Recreation Center property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any.

SIGNATURE _____ **E-Mail** _____ **DATE** _____

If under 18 years old, MUST be signed by parent or guardian

“Referral” Name _____

FOR STAFF USE ONLY

PROOF OF RESIDENCY OR FULL-TIME EMPLOYMENT SHOWN:

Make checks payable to: **CITY OF STRONGSVILLE**
 Circle one:

VS MC DISC V# _____ **Expiration Date** _____

Credit Card Number _____

Cash Check # _____ **Staff** _____





Strongsville

18100 Royalton Road
Strongsville, Ohio 44136
www.strongsville.org

(440)580-3260 (440)572-3503 Fax

2010 Summer Membership Application

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Membership Type (circle one) Family Adult Individual Couple Youth Individual Senior Senior Couple College Military

PRIMARY MEMBER

First Name _____ M.I. ____ Last Name _____

Address _____ Zip _____ City _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Additional Phone (____) _____ - _____

Birth Date ____ - ____ - ____ Age _____ Sex _____

ADDITIONAL MEMBERS

Name	Birth Date	Age	Sex
_____	____ - ____ - ____	_____	_____
_____	____ - ____ - ____	_____	_____
_____	____ - ____ - ____	_____	_____
_____	____ - ____ - ____	_____	_____

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Circle one:

VS MC DISC V# _____ Expiration Date _____

Credit Card Number _____

Cash Check # _____ Staff _____

MEMBERSHIP BENEFITS

6 PK GUEST PASSES _____

MEMBER INITIALS _____
(required)