

# River Cities

## Community Pool Association

Marinette, WI 54143 • [riverscitiespool@new.rr.com](mailto:riverscitiespool@new.rr.com) • [www.riverscitiespool.org](http://www.riverscitiespool.org) • 715.735-0585

### MEMBERSHIP ENROLLMENT FORM

Name:		Date:
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:
Email address:		
Spouse:		DOB:
Child:		DOB:
Child:		DOB:
Child:		DOB:
Child		DOB:
<b>Employer Information</b>		
Current Employer:		
Employer Address:		
Employer Phone Number:		
<b>Membership Type</b>		
Please circle:	Adult – Pool or Land	Family – Pool or Land
	Youth – Pool or Land	

**Please be sure to fill out a Bank Draft form with a voided check to turn in along with this Membership Form.**

Waiver of Liability and Covenant not to sue:

I hereby waive, release and forever discharge the River Cities Community Pool Association (RCCPA) and its officers, directors, employees, and all others from any and all responsibility and liability for injuries or damages to myself or my property resulting from my participation in any activities or my use of the equipment at the RCCPA. Furthermore, I make the same waiver and release of responsibilities and liability for any injuries or damages to my family members listed on this membership or their property. I understand the RCCPA is not responsible for the loss or theft of any of my personal property, or that of my family members, while any of us are participating in any RCCPA programs or activities. I assume all risk associated with the use of the facilities and equipment at the RCCPA and do further covenant and agree not to sue the RCCPA, its officers, employees and all others. This covenant not to sue shall be binding upon myself, my family members listed on this membership, my heirs, successors and assigns. I recognize that, if I have elected the BANK DRAFT payment plan, my membership is continuous until I terminate it. Written notice for bank draft option must be received by the 15th of the previous month. I acknowledge that I will not receive any renewal notice. If I elect to pay in full, refund of any terminated membership before expiration date will require Board of Directors approval.

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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### BANK DRAFT CONTRACT

Member Name:		Date:
Bank Name:		
Bank Routing Number:		
Account Number:		
Type of Account (circle)	Savings	Checking
Rate: \$	Date of First Draft:	

**Authorization:**

I (we) hereby authorize the River Cities Community Pool Association (RCCPA) to withdraw once each month a draft from my bank account listed above:

**I further understand and agree:**

- 1) This is a perpetual contract for membership and that renewal will **AUTOMATICALLY OCCUR** following my initial 12 monthly drafts.
- 2) It is my responsibility to notify the RCCPA immediately of any bank account change or account closing and to provide the RCCPA with current account information.
- 3) The RCCPA reserves the right to change the rate as necessary with at least 30 days written notice.
- 4) THE RCCPA reserves the right to refuse entrance into the facility if dues are delinquent. Full payment of delinquent dues will be required for reinstatement of membership privileges.
- 5) Voided check must accompany this form.

**Cancellation:**

I understand and agree:

- 1) I am responsible to notify the RCCPA in writing when wishing to cancel my membership. Cancellation requests for drafts on the 5th of each month must be turned in by the last day of the previous month.
- 2) Following 2 months of insufficient funds or stop payment, future RCCPA bank draft privileges will not be available to me. To rejoin, I will be required to pay the annual membership fee in full.
- 3) I can place my membership on hold for medical reasons with documentation by my physician.

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_