The Centre

1800 West US-223, Adrian, MI 49221
(517) 263-6232 • www.thecentre.info

Office Use Only
Member No. _____
Data entered: ☐Exp Date ☐User Defined ☐Code
☐Family Info ☐Repetitive ☐Next Draft Date
Date & Initials _____
Proofed by _____

Membership Registration

Welcome: The Centre exits to serve Lenawee and surrounding communities as a world-class choice for one's physical, social, and spiritual wellness with Jesus Christ being the center.

What motivated you to join The Centre? Referral ____ Newspaper ____ Postcard/Mailer ____ Radio ____ Sign ___
Spotlight/Newsletter ____ Church ____ LCS ____ Workplace ____ Website ____ Local Knowledge ____

MEMBERSHIP TYPE (Circle All That Applies) EFT ANNUAL LADIES ONLY UPGRADE
FAMILY INDIVIDUAL SENIOR (60+ yrs.) SENIOR COUPLE VIP EMPLOYEE
STUDENT _____ PASTOR _____ CORPORATE _____
Name of School Name of Church Partner Name of Corp/Org.
Note: full time college students (min. 12 credit hrs.), pastors, and corporate employees must provide proof of status and/or affiliation for a Student, Pastor, and Corporate Membership.

PERSONAL INFORMATION (Head of Household for Family Membership)
Please circle: Mr. Mrs. Ms. Miss Single / Married Male / Female

Last Name First Name Middle Initial Date of Birth

Street Address (Add PO BOX if applicable) Home Phone Cell Phone
Please be as accurate as possible because most mailings are 3rd class and the Post Office will not deliver unless it's 100% correct.

City State Zip

☐ Check here if you prefer to receive the newsletter via **email** only.
Email Address (will not be shared)

Place of Employment (or parent's) Business Phone

Emergency Contact (other than spouse) Phone Cell Phone

Responsible Party (financially) Referred by

FAMILY INFORMATION (Required for Family Membership Only.)
Note: children must be 18 years old and younger or full time dependant college students (12 credit hours or more) to be included in Family Membership.

Spouse's Last Name First Name Date of Birth

Spouse's Place of Employment Business Phone Cell Phone

Child's Name Date of Birth Full Time Student Y/N Male / Female

Child's Name Date of Birth Full Time Student Y/N Male / Female

Child's Name Date of Birth Full Time Student Y/N Male / Female

Child's Name Date of Birth Full Time Student Y/N Male / Female

Child's Name Date of Birth Full Time Student Y/N Male / Female

Please add to the membership cost: **KID'S CARE (BABYSITTING)** Yes / No		**Please add to the membership cost:** **LOCKER RENTAL** Yes / No	
Child's Name	Expiration Date	Locker #	Expiration Date
Child's Name	Expiration Date	Locker #	Expiration Date
Child's Name	Expiration Date	Locker #	Expiration Date
Child's Name	Expiration Date	Locker #	Expiration Date
Child's Name	Expiration Date	Locker #	Expiration Date

MEMBERSHIP POLICIES

15 Day Rescission Period: If you decide that a membership at the Centre is not what you want, you must cancel within 15 days to receive a full refund, less the Joiner's Fee.

Cancellation Policy and Fee: A *Membership Cancellation Form* must be filled out to cancel a membership. Any Annual Membership cancelled after 15 days will be subject to a $100 cancelation fee and you will receive a prorated refund for time remaining after the cancellation fee is paid.

Joiners Fee: A Joiner's Fee is required with a new membership as well as a reinstated membership if more than one month lapses.

I have read, understand, and agree to the above policies. _____
Initials

THE FINE PRINT

The Christian Family Centre does not condone the use of alcohol, tobacco, illicit drugs, other controlled substances or profanity in The Centre facility or on its grounds. As a member, you agree to abide by the General Rules which are appended to this Registration and the rules and regulations in the Membership Handbook.

As a member, you agree to not oppose or take any action which is detrimental to The Centre's Statement of Faith while in The Centre facility or on its grounds.

The undersigned, individually and as parent(s) or guardian(s) of all children in his/her family, hereby releases The Centre and any associated persons or employees from any claims for personal injury, loss or damage done to personal property while the undersigned and other family members are on The Centre's premises or while the undersigned and other family members are participating in any Centre sponsored program or activity. This release includes, but is not limited to, the use of the fitness centers, pool with slides and climbing walls, gym, group fitness, racquetball courts, classes, leagues and other events. It also includes field trips and other off-site programs and events sponsored by The Centre.

I/We agree to abide by the Fine Print above.

Name (print) Signature Date

Name (print) Signature Date

OFFICE USE ONLY

PAYMENT OPTION
EFT: _____ Annual: _____

Joiner's Fee: _____

Join Date: _____ Membership Fee: _____

Member Number: _____ Locker Rental: _____

Expiration Date: _____ Kid's Care: _____

Cash:_____ Check:_____ Credit Card:_____ Today's Amount w/Prorate:_____

Staff Signature: _____

Revised 12/22/2009