

FACILITY USE CARD INFORMATION

Please read this document thoroughly before completing the attached application for the Senior Center Facility Use card.

How Will a Facility Use card Benefit You?

- It will help provide quality programs and activities for our growing community by tracking participant/senior usage.
- Staff can better monitor the in-and-out traffic and activities of all Seniors.
- It will account for a more accurate evaluation of peak hours for better planning and coordination of future facility programming.

For additional information, see Center staff or call Kyla Pruitt at 972-466-9816.

FACILITY USE CARD GUIDELINES

- Individuals who participate in or register for recreation center classes are not required to purchase a membership. However, if class participants choose to arrive early, stay after class, or visit the Center at other times, a membership or daily pass must be purchased
- Facility Use cards may be purchased during normal Senior Center operating hours. Proof of residency is required at the time of purchase.
- Facility Use card holders must comply with facility rules and regulations of the Parks and Recreation Department or the privilege of using the facility and its amenities may be revoked without a refund.
- There is a \$5 fee for the replacement of a lost or stolen card. If a card is forgotten, a daily fee of \$2 will be charged after 5 visits. A tickler note will be added to the customers' household for the number of free daily visits used.
- Infractions of membership or facility rules or procedures may result in the temporary suspension of privileges or revocation of Facility Use card. The individual's membership card will be confiscated until the term limit of the suspension.
- Refunds on annual memberships are available within 10 days of the purchase date. **A \$5.00 administrative fee will be retained on all refunds.**

FACILITY USE CARD FEES:

FACILITY USE CARD		Annual Fees	3 Month Fees
Resident Senior	50-59	\$25 annually	\$9
Non-Resident Senior	50-59	\$40 annually	\$15
Resident Senior	60-69	\$15 annually	\$6
Non-Resident Senior	60-69	\$30 annually	\$11
Resident Senior	70+	\$10 lifetime	n/a
Non-Resident Senior	70+	\$25 lifetime	n/a
A \$5.00 fee applies for all replacement cards.			

DAILY/GUEST FEES: Daily admission will be granted to residents (proof of residency required) and non-residents, and allows access to the entire facility for the day purchased. Guest passes are for first time visitors only, applicable upon their first visit.

Guest Passes	Daily Passes	Fees
First Time Visit is FREE	Resident Senior 50+ Non-Resident Senior 50+	\$2 \$5



FACILITY USE CARD APPLICATION

(Please print clearly)

Name _____ Date of Birth _____

Address _____ Apt# _____ City _____ Zip _____

Phone # (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Are you a Veteran? Yes or No If so, are you interested in sharing your stories of your time in the service? Yes or No

Emergency Contact Name _____

Relationship (son, daughter, spouse, friend) _____

Emergency Address _____ Apt# _____ City _____ Zip _____

Phone # (Home) _____ (Work) _____ (Cell) _____

Email Address _____

□

Please read and sign the waiver of liability release form on the back prior to purchasing your membership.



MEDICAL & HEALTH INFORMATION FORM - Voluntary

Doctor's Information

Name _____ Office Number _____

Preferred Hospital _____ Number _____

Medications you are taking on a regular basis and the dosage:

Insurance Information: (please circle those that apply)

1. Medicare 2. Medicaid 3. Additional Insurance

Please circle yes or no to the following questions:

1. Do you have a pacemaker? Yes No
2. Do you take a diuretic? Yes No
3. Do you have problems walking? Yes No
4. Are you Epileptic? Yes No
5. Do you smoke? Yes No
6. Are you Diabetic? Yes No
7. Do you have allergies to Foods? Yes No What: _____
8. Do you have allergies to Drugs? Yes No What: _____
9. Are you a Swimmer? Yes No
10. Do you use a wheelchair? Yes No
11. Do you need help with communication? Yes No
12. Do you have diet restrictions or use of special equipment? Yes No
13. Do you need help with functional tasks? Yes No

WAIVER OF LIABILITY, RELEASE, AND INDEMNITY AGREEMENT - ADULT

I, _____, as an inducement to the City of Carrollton to allow me to participate in its recreation and leisure program(s), and for and in consideration of the privilege of being allowed to participate in the said program, and recognizing that recreational activity involves certain inherent dangers including but not limited to the possibility of physical danger, harm, accidents, and injuries, do hereby agree to and assume any and all risks arising from any incident, action, occurrence, or activity occurring on public, private, or other property, which affects the said minor or us in any manner whatsoever, and do hereby release and agree to hold harmless and to indemnify the City of Carrollton, its officials, Department of Parks and Recreation, officers, agents, and employees, in both their official and individual capacities, from any and all liability, claims (including claims for attorneys' fees and costs of court), suits, demands, or causes of action which may arise, or may be alleged to have arisen, from my participation in the multiple programs, including liability, claims, suits, demands, or causes of action which arise, or which allegedly arose, from the sole negligence or acts or omissions of the City of Carrollton, its officers, agents, employees, or officials.

I voluntarily choose to participate in this program for personal and recreational reasons without promise, expectation, or receipt of monetary compensation. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name both single and in conjunction with other persons or objects for any and all purposes including but not limited to private or public presentations, advertising, publicity and promotion relating thereto I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Carrollton Parks and Recreation Department harmless of and from any and all liability of whatever nature which may arise out of result from such uses.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Carrollton, its officers, agents, officials, and employees, of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, Chapter 72 of the Texas civil Practice and Remedies Code, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this waiver voluntarily, and that I have not relied upon any representations made by the City of Carrollton, or its officers, agents, officials, or employees in signing this release. I further certify that I am an adult, am in sound mental health, and fully capable of making this waiver of liability.

In the event of a serious accident or illness, normally the City of Carrollton (1) would contact Carrollton Fire Department paramedics to perform first aid and when necessary recommend transport to a hospital: (2) Reach the next of kin as soon as the situation allows.

SIGNED, this _____ / _____ / _____ Signature _____
Month Day Year

Typed or Printed Name: _____