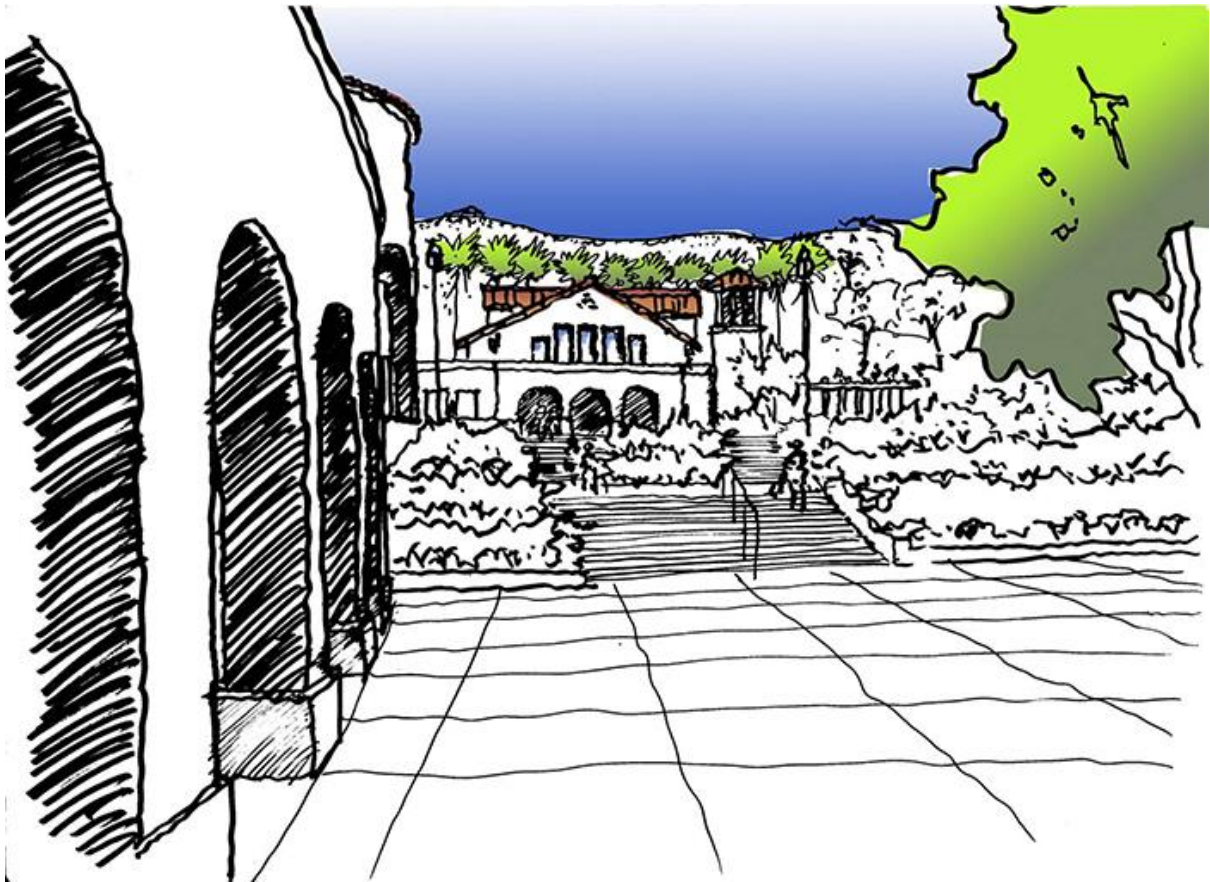




CITY *of* CALABASAS

Calabasas Senior Center Membership Packet



HOURS OF OPERATION

Monday - Friday from 9:00am-5:00pm

Saturdays 9:00am – 12:00pm

(818) 224-1777

www.cityofcalabasas.com



MEMBERSHIP BENEFITS

Welcome to the Calabasas Senior Center!

We invite Calabasas residents to join the Senior Center. For those of you who are not familiar with the Senior Center we would like to extend an invitation to visit, meet staff and take a tour of our facility.

The Center is open to all Calabasas seniors age 50+ Monday through Friday from 9:00 am to 5:00 pm., and Saturdays 9:00 am – 12:00 pm (Hours of operation are subject to change)

ANNUAL MEMBERSHIP FEES

Resident Membership

Individual	\$100.00
Couple	\$125.00

Non-Resident Membership

Individual	\$150.00
Couple	\$175.00

Day Use Fees for Non Members

Residents	\$3.00
Non Residents	\$5.00

MEMBERSHIP BENEFITS

- Priority Registration
- Access to designated free lectures
- Unlimited Access during open hours
- 6 Guest Passes Per Year
- Ability to rent the facility at a reduced rate
- (2) Free Invitations to special events and/or presentations
- Access to Clubs & Specialty Groups

CALABASAS SENIOR CENTER MEMBERSHIP AGREEMENT

Confidentiality: All of the information being requested is for our records, the information you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

PRIMARY MEMBER

FIRST NAME	LAST NAME & MIDDLE INITIAL	EMAIL
AGE	GENDER	DATE OF BIRTH (M/D/Y)
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	CELL NUMBER	

SPOUSE / SIGNIFICANT OTHER

FIRST NAME	LAST NAME & MIDDLE INITIAL	EMAIL
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	DATE OF BIRTH (M/D/Y)	CELL NUMBER

EMERGENCY CONTACT INFORMATION – OTHER THAN SPOUSE

FIRST NAME	LAST NAME & MIDDLE INITIAL	RELATIONSHIP TO YOU
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	WORK NUMBER	CELL NUMBER

EFT INFORMATION

MEMBERSHIP TYPE

<p>I, _____ authorize my bank to make payments of \$ _____ annually by the method indicated below, and post to my account.</p> <p><input type="checkbox"/> Checking Account (must attach a voided check)</p> <p><input type="checkbox"/> Master Card Account Number _____ Exp. Date ____/____/____</p> <p><input type="checkbox"/> VISA Account Number _____ Exp. Date ____/____/____</p> <p><input type="checkbox"/> American Express Account Number _____ Exp. Date ____/____/____</p> <p>I understand that I am in full control of my payment, and if at any time I decide to make any changes, I will write to or stop by the Calabasas Senior Center, 300 Civic Center Way, Calabasas, CA 91302.</p>	<p><input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Couple</p>
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MEMBERS' RIGHT TO CANCEL

I have read this entire membership agreement, including all pages and reverse sides, and agree to all terms and conditions contained therein. I UNDERSTAND THE ANNUAL MEMBERSHIP MUST BE TERMINATED IN WRITING AND ACCOMPANIED BY ALL MEMBERSHIP CARDS ON OR BEFORE THE 15TH OF THE PREVIOUS MONTH PRIOR TO RENEWAL.

Signature _____

Date _____

FOR STAFF USE ONLY

Effective Date: _____ STAFF INITIALS: _____

MEMBERSHIP INFORMATION

I. MEMBERSHIP

A. Nature of Membership. All memberships are mere licenses which shall give the holder thereof the revocable right to use and enjoy the Senior Center facilities subject to the rules and regulations established from time to time by the City of Calabasas, as more specifically set forth in the policies and procedures manual. It is expressly agreed and understood that the holders of licenses in the form of memberships shall neither individually nor collectively have any proprietary right or interest in or access to any of the properties, assets, premises, or any other thing or matter whatsoever with respect to the Senior Center or its facilities, or the operations of the Senior Center. Memberships and membership cards are not transferable.

II. TYPES OF MEMBERSHIP

A. Individual Membership. This membership shall consist of one individual 50+ years old. The spouse and/or children, if applicable, shall not be entitled to the rights and privileges of this membership, but may be guests in accordance with the Rules and Regulations of the Center.

B. Couple Membership. A couple membership shall be defined as two (2) adults **living at the same residence**.

III. MEMBERSHIP DUES

A. Membership Dues. The Senior Center shall, from time to time, fix the amount and terms of payment for goods, services and the use of the Senior Center's facilities by members and their guests. The Senior Center reserves the right to change the amount of the dues, given thirty (30) days written notice. The Senior Center may assess additional charges for membership status changes and returned payments. In addition to the health and fitness services which the Senior Center provides pursuant to this contract, The Senior Center may, from time to time, also provide additional services (which are specifically set forth in the Center's Rules and Regulations and/or newsletter). Those services are available to members upon request and are subject to an additional charge.

1. Electronic Funds Transfer ("EFT"). A new member will be required to pay the first year of his/her membership upon signing our Application for Senior Center Membership. A member using Electronic Funds Transfer has authorized his or her bank to pay membership dues and other charges on the membership annual renewal date. If funds cannot be collected on that date, the member will be charged a service fee by the Senior Center in addition to any service fee which the member's bank may charge, and the member will be responsible for payment of the amount due.

2. Return Charge. There will be a \$15.00 charge for any returned checking debit or credit card decline for any reason.

IV. RULES AND REGULATIONS

A. A holder of a membership and all persons entitled to privileges, including guests, under said membership shall abide by and fully comply with Rules and Regulations which are, from time to time, adopted by the Joint Powers Authority with respect to reasonable and safe use and enjoyment of the facilities of The Senior Center.

V. TERMINATION OF MEMBERSHIP

A. Voluntary Resignation. A member who is in good standing and is current in all obligations to The Senior Center may resign at any time by completing a Membership Action Request Form at The Senior Center or by submitting written notice of resignation **by the fifteenth (15th) of the previous month** to The Senior Center. Written resignations received before or on the fifteenth (15th) day of the previous month will be effective at the end of that month. Written resignations received after fifteenth (15th) day of the month will be effective at the end of the following month; members will be responsible for all of the current month's dues and the following month's dues. The member will be responsible for all the charges for services and obligations to the Center which are incurred on the member's account up to the effective date of the termination of the membership. Prior to final termination of the membership, the member must have turned in all membership cards or keytags and paid any amount owing on the member's account with the Senior Center. A membership termination is not retroactive, and a terminated member shall not be entitled to a refund of any part of the paid annual dues. **NON-USAGE OF THE CENTER AND/OR NONPAYMENT OF DUES ARE NOT METHODS OF TERMINATING A MEMBERSHIP BY A MEMBER.**

B. Involuntary Resignation. The Senior Center shall have the right, with or without cause, to revoke any membership at any time. The membership of any member who is thirty (30) days in arrears with respect to the payment of the member's account may at the sole option of the Center management be terminated, in which case the member shall be responsible for dues and charges through the date of termination.

D. Leave of Absence Policy. Leave of absence is granted **for medical reasons only**. A member must complete the Membership Action Request Form and attach a written notice from his/her physician.

Initial _____

CITY OF CALABASAS PARTICIPANT WAIVER FORM

Name of Participant

Last First Middle Initial

PARTICIPANT’S RELEASE WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney’s fees) and cost which may arise by reason of participation in any program. (The City does not provide accident, medical, liability, workers’ compensation insurance or any other insurance for program participants). I hereby consent to emergency treatment as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises.

I acknowledge that I have read the Release Waiver, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Print Name Signature Date

VIDEO-PHOTO RELEASE

I understand that during the City of Calabasas program and/or activity, my photograph may be taken by the City of Calabasas, producers, sponsors, organizer, and/or assigns. I agree that my photograph, including video photography, film photography, or other reproduction of my likeness may be used without charge by the, producers, sponsors, organizers and/or it’s assigns for such purposed as they deem appropriate.

I acknowledge that I have read the Video-Photo Release and sign it on behalf of the participant with full knowledge and understanding of its contents.

Print Name Signature Date

CITY OF CALABASAS MEDICAL RELEASE FORM

Name of Participant

Last

First

Middle Initial

PARTICIPANT’S MEDICAL RELEASE AGREEMENT

While I am attending or traveling to or from the Calabasas Senior Center, I hereby authorize the staff member, or in his/her absence or disability, any adult accompanying or assisting him/her, to consent to the following medical treatment for me should I be unable to make a decision:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed, under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until I complete my activities in this program unless revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that I am in good health and can travel to and participate in all functions of the City of Calabasas Senior Center Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting staff at the Calabasas Senior Center.

Print Name

Signature

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of an accident or illness.

Print Name

Signature

Date