GREEN RIDGE RECREATION CENTER

Day Visitor and Client Registration Form

By completing this registration form, I accept all rules and regulations listed below.

ACCOUNT CONTACT INFORMATION:		DATE:
Name:		Date of Birth:
Street Address:		Apartment Unit #
City, State, Zip:		Proof of Residency (must be provided to receive Roanoke County discounts)
Phone:	Cell Phone:	Accepted Proof Of Residency= **Driver's License, utility bill, Copy of Lease** Not acceptable = bank statements, library card, Payroll checks, etc.
Email Address		Employer: (occupation/client detail)

Emergency Contact: (maintain family/other)	**Relationship:**	**Phone :** **Cell phone :**

Other household residents to include:

Name: Date of Birth: Relationship: .

Name: Date of Birth: Relationship: .

Name: Date of Birth: Relationship: .

RULES AND REGULATIONS

The following are prohibited in the building:

*Misconduct, disruptive, profanity, threating or other inappropriate behavior
*Conducting instruction, training, coaching, therapy, or other personal services without the express written permission of Green Ridge Staff
*Group activities and terms not approved by Green Ridge Staff
*Alcohol, tobacco products of any kind or illegal drugs

Other rules that apply:

* All Green Ridge Recreation Center visitors must enter and leave through the designated public entrances/exits.
* Everyone must pay the appropriate fee and/or check-in at the front desk.
* Customers are encouraged to leave valuables at home or to secure belongings in the locker room lockers.
* Any person(s) entering or allowing others to enter the facility by means of emergency exits will be required to leave the center. No refunds will be given.
* Shoes, shirts, and pants/shorts must be worn at all times outside of the locker rocker rooms and pool area. No roller shoes, roller skates, or skateboards.
* Children under 13 years MUST be accompanied by a chaperone 16 years or older at all times.
* Children 7 years or older must use the locker room/restroom of their gender or the Family changing rooms.
* All youth groups must have 1 chaperone for every 8 children. Chaperones must pay and be 16 years or older.
* The actions and conduct of any groups are the responsibility of the group leader. Misconduct of any group member will be considered action by the entire group and may be subject to removal of the group from the center. No refunds will be given.
* Beverages must be in re-sealable, unbreakable containers.
* Consumption of food is allowed only in designated areas.
* Service animals and pets participating in a center sponsored activity are permitted only under direct supervision.
*Only Green Ridge staff and personal trainers performing within the scope of their duties may train, instruct, or coach clients or customers. No unauthorized personal training, instructors, coaches or physical therapist are allowed to use the facility to train or instruct clients or customers.
* Rules and regulations will be enforced at all times by the center staff. Violators of rules may be required to leave the center immediately without a refund. Repeat violators will be banned from the center.
* Customers are responsible for the cost of any damages resulting from disorderly conduct or misuse of equipment.
* The center must be vacated 15 minutes after posted closing time.

Rules and regulations for specific program areas will be available and posted at the center.

Green Ridge Recreation Center Membership Parameters

Child * Base Rate $22.00 / County or Corp $15.00
One Person Ages 0 to 12
* Parent or legal guardian must be the primary account holder.
* Parent or legal guardian must be in the facility.

Teen * Base Rate $30.00 / County or Corp $23.00
One person Ages 13 to 17
* Parent or legal guardian must be the primary account holder.

55+ Couple * Base Rate $55.00 / County or Corp $47.00
Two adults ages 55 and up
** WITH VALID DRIVERS LICENSE verifying same address

Individual Adult * Base Rate $49.00 / County or Corp $42.00
Ages 18 to 54
* One person on the account ages 18 to 54.
* Exception Infants under 1 year of age *not using Kidzone* can be admitted at no cost

55+ Individual * Base Rate $47.00 / County or Corp $39.00
Ages 55+ * One person on the account age 55 and over

Look for promotional deals (as offered) on prepaid memberships

Adult Couple / Single Parent * Base Rate $65.00 / County or Corp $57.00
Two adults ages 18 OR up or single parent with a MAXIMUM OF 6 children
** Adults residing in the same house with VALID DRIVERS LICENSE verifying same address
**Children residing in the same house can be from the same or different marriages, adopted, and fostered
**Adult children up to age 25 if the person is enrolled as a part time or full time student
WITH VALID DRIVERS LICENSE verifying same address and college ID

Family/Household * Base Rate $75.00 / County or Corp $66.00
Two adults ages 18 and up and with a MAXIMUM OF 6 children
** Adults residing in the same house with VALID DRIVERS LICENSE verifying same address
**Children can be from the same, different marriages, adopted, and fostered. **WITH DOCUMENTATION
**Adult children up to age 25 if the person is enrolled as a part time or full time student.
WITH VALID DRIVERS LICENSE verifying same address and college ID

Membership Add-on's
1 Person = $15.00
2 people = $25.00 (Each person $12.50)
Additional members over 2 will be $10.00 each.
**WITH VALID DRIVERS LICENSE verifying same address.
**Add-on used only where indicated by the star

Membership Change / Processing Fee
1) $5.00 Processing Fee will be charged when changing your membership type. Your Credit Card will need to be provided to process the change charge and the fee.
2) $25.00 Early Withdrawal Process Fee will be charged on 3, 6 or 12 month membership terms.

MEMBERSHIP REGISTRATION SECTION:

MEMBERS ON MEMBERSHIP – MUST PROVIDE PROOF OF RESIDENCE (MAXIMUM OF 8 ON A MEMBERSHIP)

1. Account Holder Name:			M / F
Employer	D.O.B	Proof Of Residence ID:	
2.Name:		Relationship	M / F
Employer	D.O.B	Proof Of Residence ID:	
3.Name		Relationship	M / F
Employer	D.O.B	Proof Of Residence ID:	
4.Name		Relationship	M / F
Employer	D.O.B	Proof Of Residence ID:	
5.Name		Relationship	M / F
Employer	D.O.B	Proof Of Residence ID:	
6.Name		Relationship	M / F
Employer	D.O.B	Proof Of Residence ID:	
7.Name		Relationship	M / F
Employer	D.O.B	Proof Of Residence ID:	
8.Name		Relationship	M / F
Employer	D.O.B	Proof Of Residence ID:	

Membership Type: **Fee:** **Circle One Term:** **Monthly Renewal** **6 Month** **Annual**

Please be ready to provide your credit card information in which you would like to have your membership drafted monthly.

Membership Agreement: In accordance with my decision to join Green Ridge Recreation Center, I agree to abide by the policies outlined herein and the facility rules posted. Green Ridge reserves the right to suspend or terminate a membership if the member's behavior or conduct fails to consist with these regulations. I acknowledge that all rules, regulations and pricing are subject to change at the discretion of Green Ridge and the Roanoke County Board of Supervisors.

Monthly Terms, Conditions, and Draft Authorization: Dues are paid by monthly draft from the date of membership registration. Monthly drafts are made by Visa, MasterCard or Discover only. I authorize Green Ridge to initiate electronic entries from my information provided. This authorization remains in effect until I give notification of cancellation. DUES ARE NOT REFUNDABLE. I understand that this is a continuous membership plan for as long as payments are made or until I give notice to cancel by the end of the current month. Membership cards must be presented to enter the facility. Any member who loans their membership card to another individual will be subject to suspension of membership.

EXPRESS ASSUMPTION OF RISK, BINDING RELEASE, WAIVER AND INDEMNIFICATION OF LIABILITY: I do hereby agree to participate in or allow the person(s) named above to participate in activities at Green Ridge. I assume all risks and liability that may arise from all members listed above while at Green Ridge. I understand that visiting Green Ridge carries the possibility of physical injury and involves physical activity that may be strenuous and there are risks inherent in this recreational facility. With regards to Green Ridge to which this form applies, nothing shall be construed to grant an expressed implied warranty of safety. I further understand that Roanoke County and its officers, agents and volunteers are not liable for any injury that may arise from participation in activities at Green Ridge. In accordance with section 8.01-40 of the code of Virginia. I hereby give permission to be photographed while in the facility, and I give the department permission to use or distribute such photographs and identification.

MEMBERSHIP CANCELLATIONS: I understand that I must complete an exit survey to have my membership cancelled.
Rejoining Fee: Upon rejoining Green Ridge, I will be charged a $25.00 rejoining fee.

Upon submitting membership payment I accept all Terms, Conditions, Draft Authorization and Risks, listed above and on the reverse side.