



Membership Registration Form

Date: ____/____/____

Primary Account Holder / Parent / Guardian Information:

First Name: _____ Last Name: _____ [M / F] / DOB: ____/____/____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Additional Members/Participants (if applicable). Additional members past the 5 will incur an additional cost:

1. _____ / Relationship: _____ / [M / F] / DOB: _____ / CCRC ID# _____

2. _____ / Relationship: _____ / [M / F] / DOB: _____ / CCRC ID# _____

3. _____ / Relationship: _____ / [M / F] / DOB: _____ / CCRC ID# _____

4. _____ / Relationship: _____ / [M / F] / DOB: _____ / CCRC ID# _____

5. _____ / Relationship: _____ / [M / F] / DOB: _____ / CCRC ID# _____

By signing below I am confirming that I have read and agreed to all terms and conditions for myself and all additional members.

Member / Guardian Name (printed)

Member / Guardian Signature

Date

To Read the full Facility Policies and Terms of Membership ask for a copy at the front desk, scan the QR code or visit our website www.centralclemsonrec.com.



FOR CCRC OFFICE USE ONLY:

CCRC ID #: _____ Silver Sneakers / Renew Active # (if applicable): _____

Membership Type (circle one) :

Bank Draft (credit, debit, or checking) / Paid In Full / One Month / Silver Sneakers / Renew Active / Summer Splash / Student / Try Before You Buy / Clemson City Employee / Central City Employee