



Membership Registration Form

Primary Account Holder / Parent / Guardian Information:

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

Street Address: _____ Apt #: _____

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

Email Address: _____ Date: ____/____/____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

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

1. _____ / Relationship: _____ / [M / F] / DOB: ____/____/____

2. _____ / Relationship: _____ / [M / F] / DOB: ____/____/____

3. _____ / Relationship: _____ / [M / F] / DOB: ____/____/____

4. _____ / Relationship: _____ / [M / F] / DOB: ____/____/____

5. _____ / Relationship: _____ / [M / F] / DOB: ____/____/____

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:

Membership Type (circle one) : Year Monthly Draft / Year Paid In Full / One Month / One Week /

Silver Sneakers / Renew Active / Summer Splash / Student / Try Before You Buy /

Clemson City Employee / Central City Employee / Day Pass

CCRC Card #: _____ Silver Sneakers / Renew Active #: _____

Staff Name / Signature: _____ Date: ____/____/____