



Client Registration Form

Primary Account Holder / Parent / Guardian Information:

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

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Emergency Contact Info: Name: _____ Relationship: _____ Phone #: _____

Additional Members/Participants (if applicable)

Over 5 additional members will incur an added cost on year or summer splash memberships:

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 you are confirming that you have reviewed & consent to ALL Central-Clemson Recreation Center policies, terms, & conditions; as well as acknowledge and accept the assumption of risk and liability release for yourself, as well as for all listed minors & additional clients. You may ask for a copy of these documents at the front desk or scan the QR code.

Client / Guardian Full Name (PRINTED)

Date

Client / Guardian Signature



FOR STAFF USE ONLY BEYOND THIS POINT:

MEMBERSHIP: Year Monthly Draft / Year Paid In Full / One Month / One Week / Silver Sneakers

Renew Active / Summer Splash / Student / Try Before You Buy / Clemson or Central City Employee

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

OTHER REGISTRATION TYPE: Day Pass / Swim Lessons / Water Aerobics Class Pass

STAFF NAME: _____ **DATE COMPLETED:** ___/___/___