



FRISCO ATHLETIC CENTER

Membership Form

PRIMARY HOUSEHOLD CONTACT (person responsible for the account):

First Name: _____ Last Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Date of Birth: ____/____/____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

EMERGENCY CONTACT INFORMATION (required):

First Name: _____ Last Name: _____
 Relationship to Primary Household Contact: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

ADDITIONAL FAMILY MEMBERS (complete for Family Memberships):

Name _____ Gender: ____ Date of Birth ____/____/____
 Name _____ Gender: ____ Date of Birth ____/____/____
 Name _____ Gender: ____ Date of Birth ____/____/____
 Name _____ Gender: ____ Date of Birth ____/____/____
 Name _____ Gender: ____ Date of Birth ____/____/____

MONTHLY MEMBERSHIP TYPE (please check desired pass type):

Frisco Resident: All-Access Pass Type

- Youth All-Access \$23
- Senior All-Access \$28
- Senior Couple All-Access \$56
- Adult All-Access \$35
- Family All-Access \$60

Non-Resident: All-Access Pass Type

- Youth All-Access \$35
- Senior All-Access \$42
- Senior Couple All-Access \$84
- Adult All-Access \$53
- Family All-Access \$90

4-MONTH MEMBERSHIP TYPE (please check desired pass type):

Frisco Resident: All-Access Pass Type

- Youth All-Access \$87
- Senior All-Access \$107
- Senior Couple All-Access \$214
- Adult All-Access \$135
- Family All-Access \$230

Non-Resident: All-Access Pass Type

- Youth All-Access \$135
- Senior All-Access \$163
- Senior Couple All-Access \$326
- Adult All-Access \$207
- Family All-Access \$350

ANNUAL MEMBERSHIP TYPE (please check desired pass type):

Frisco Resident: All-Access Pass Type

- Youth All-Access \$230
- Senior All-Access \$280
- Senior Couple All-Access \$560
- Adult All-Access \$350
- Family All-Access \$600

Non-Resident: All Access Pass Type

- Youth All-Access \$350
- Senior All-Access \$420
- Senior Couple All-Access \$840
- Adult All-Access \$530
- Family All-Access \$900

STAFF USE ONLY

Date Received: _____ Employee Initials: _____ Residency Checked? _____
 Amount Paid: \$ _____ Check # _____ Cash Credit Card
 Drivers License Water Bill Other _____

TURN OVER



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REFUND POLICY

Annual Membership Passes – Refund Policy

Annual Membership Passes are non-refundable, with the exception of the 30-day Opt Out Period. Individuals who choose to pay up front for 12 months save more than 15% off the monthly pass fee.

Annual Membership Passes are transferable. Annual Pass holders may transfer their pass to another individual or family. If the receiving party is classified as a non-resident, the receiving party will be required to pay the difference between the resident annual pass fee and the non-resident annual pass fee for the remaining portion of the Annual Pass. If a non-resident annual pass holder is transferring their annual pass to a resident of the City of Frisco, there is no refund for the price difference.

30-day Opt Out Period

Annual Pass holders have 30 days from the date of purchase to request an annual pass refund. One month and a 20% processing fee, both based from the monthly rate, will be deducted from the annual pass refund amount at the time of refund.

Refund requests must be submitted in writing on the appropriate form provided by the Parks & Recreation Department.

Monthly Membership and 4-Month Passes are not refundable.

_____ *Please initial indicating you have read the Refund Policy*

THREE STRIKE POLICY

All members age two and above are required to have a valid FAC membership card present when checking into the facility. Members will be allowed entrance into the facility three times without their FAC membership card, each entrance resulting in a ‘strike’ being placed on the member’s account. On the fourth occurrence you will be required to purchase a new card for \$5 before entering the facility.

_____ *Please initial indicating you have read the Policy*

RELEASE OF LIABILITY FORM

I, on behalf of myself and/or the individual(s) being registered, agree to allow the registrant to participate in activities directly or indirectly operated, offered, conducted and/or otherwise provided by the City of Frisco (the “City”) including, but not limited to, memberships, passes, admissions, classes, programs, special events and/or any other type of activity (hereinafter individually and collectively referred to as the “Activities”) and hereby authorize the City, its employees, volunteers, program directors and/or instructors, as duly authorized agent(s) for the registrant, to consent to medical, emergency, surgical and/or dental care, services, examinations and/or any and all other treatments deemed necessary by such professionals and arising out of and/or in conjunction with, directly or indirectly, the Activities. I agree pictures taken of me and/or the registrant during the Activities may be used for any purpose.

For and in consideration of my/our participation in the Activities, I hereby agree to release, acquit, hold harmless forever discharge and waive any and all claims that I/we may have against the City of Frisco, its Council Members, officers, agents, representatives, employees, volunteers, program directors, instructors, members, heirs, legatees, administrators, executors and assigns, in whole or in part, in both their private and public capacities, (hereinafter collectively referred to as “Releasees”) from any and all actions, causes of actions, claims, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in anyway arising out of or connected in any manner with my/our participation in the Activities, including, but not limited to, liability, damages, injury (including death), property damage, legal fees and/or costs caused by or related to any negligent or intentional act of any Releasee.

It is further agreed that the execution of this release and acceptance of the same shall not constitute a waiver by the City of Frisco, Texas, and its Releasees, of its/their governmental immunity and/or any other defense it may have at law and/or equity, whether state and/or federal. Acceptance of this release is not to be construed as an admission of any liability whatsoever by any or all of the Releasees.

I further agree to indemnify and defend the Releasees if I am not authorized to sign and legally bind the registrant to the terms of this release or if the person named herein attempts to rescind this release. If any term of the release is deemed void or voidable, it shall not affect the enforceability of anything else in the release. **This Release of Liability Form will be valid and in force and effect for all purposes stated herein for 12 months from the date of execution.**

Participant/Parent/Legal Guardian Signature

Relationship to Participant

Date