



Middle School

SUMMER MEMBERSHIP FORM

425 E 5th Street
New Richmond WI 54017
715-246-2252
www.nracentre.com

Middle School Member

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Birth Date _____ Grade _____ Email _____

Emergency Contact _____ Emergency Contact Phone _____

Parent/Guardian

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____ Employer _____

Birth Date _____ Email _____ Work Phone _____

General Membership Policies (Please read and initial all items below.)

- _____ Membership in the New Richmond Area Centre, Ltd. continues from **June 6 - September 2, 2022**. The terms and conditions of membership are subject to change. By signing this application, I agree to abide by all terms, conditions, policies and procedures, including any future changes that are approved by the Board of Directors in furtherance of its Bylaws and its goals and mission.
- _____ I understand and agree that the New Richmond Area Centre, Ltd. is not responsible for any property lost or stolen at the Centre's premises or while I am participating in any Centre activity. Please leave any valuables at home, lock your cars, and padlock your belongings while at The Centre.
- _____ I understand and agree that I, and my family, are solely **responsible for determining whether my health condition is proper** to allow me to participate in athletic, sports or activities programs or the use of any equipment. I agree that the New Richmond Area Centre, Ltd. its officers, agents and employees are not responsible for any injuries or illnesses that I may suffer as a result of participation in any activity sponsored by the Centre or resulting from the use or misuse of any equipment. I explicitly release and discharge the New Richmond Area Centre, Ltd. and its officers, agents and employees from any claim for injury, death, loss or damage I may suffer as a result of activities at the Centre facility or sponsored by the Centre.
- _____ **All members 10 years and older are required to present a valid membership card** for identification when using Centre facilities and programs. If you do not have your membership card with you, you must present your driver's license or another form of picture ID. You are responsible for purchasing a new membership card should you lose yours. Membership privileges and cards are not transferable and remain the property of the New Richmond Area Centre, Ltd., and must be returned upon request.
- _____ The Centre strives to provide a safe, fun, family-oriented environment and expects proper, respectful conduct at all times. **Membership at the Centre is a privilege and not a right and all associated privileges shall be terminated for any member that repeatedly engages in inappropriate conduct.** Prohibited conduct includes, but is not limited to, vulgar, profane, indecent, offensive, violent, hostile, aggressive, threatening, harassing, stalking, fraudulent, or other inappropriate conduct or language.
- _____ The Centre has pledged to make membership available to all individuals that can benefit from the programs offered and will not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, age, ancestry, national or ethnic origin, marital status, or disability. To offer a safe and secure environment for all members, **the Centre retains the right to consider the criminal conviction history of any member or potential member** and to deny membership if there is reasonable cause to believe that a person's past criminal behavior may create a risk to other members or staff. The Centre will not offer or allow membership, program opportunities, volunteering, or employment to any person that is registered with, or becomes registered with, the Wisconsin Department of Corrections Sex Offender Registry and will immediately terminate that person's relationship with the Centre.
- _____ The New Richmond Area Centre, Ltd. is committed to providing a comfortable environment for all members and guests. Therefore, we restrict cell phone use to our main lobby. **Cell phone and camera use is prohibited in the pool area.**
- _____ The New Richmond Area Centre, Ltd. **periodically takes pictures of members and participants to use for promotional purposes** and program materials including program brochures and the New Richmond Area Centre, Ltd. website. If you do not want pictures of yourself or your family used in this way, please visit the Welcome Center.
- _____ **No weapons or firearms** allowed in the building UNDER § 943.13 WISCONSIN STATUTE.
- _____ If you or any of your family suffer from **respiratory ailments**, please limit your exposure to the indoor pool environment.
- _____ Please limit your and your children's exposure to the hot tubs. Due to health and safety concerns **children under 16 years of age are not permitted to use the hot tub** unless prescribed by your physician.
- _____ **Repeated or extended exposure to chemically treated water** may cause skin irritations to young children and to individuals with sensitive skin.
- _____ The New Richmond Area Centre, Ltd. takes every precaution to ensure the safety of our guests and their families. The Centre staffs ample CPR trained lifeguards and strictly adheres to state standard for pool cleanliness, chemical levels, and safety. The Centre strongly urges small children to wear Coast Guard approved life jackets. A limited number of life jackets are available for your use. Please ask a lifeguard for one. **Please observe pool rules and ALWAYS watch your children.**
- _____ **In general, you should limit the time you or your children are exposed to the pool water and the indoor pool environment.** Over exposure to the indoor pool environment and water may cause eye, throat and skin irritations. If you experience any such symptoms please vacate the pool areas immediately.

I have read the terms and conditions on this application and I agree to abide by all of the provisions.

Middle School Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CENTRE USE

Received By

Processed By

Audited By

Received Date

Processed Date