



2021 Membership Form

499 Hopwood Road Collegeville, PA 19426
484-391-2390
www.getupt.org

 Subscription Membership **Community Pass**

Subscription Membership Rates

Full Facility Membership	Resident	Non-Resident
Adult (18+) *	\$20	\$30
Senior (62+)	\$15	\$25
Teen (14-17)	\$15	\$25
Additional Adult**	\$15	\$25
Additional Youth (14 and under)	\$10	\$15
Renew Active Membership	No Charge to Member	
Silver Sneakers Membership	No Charge to Member	
Silver & Fit Perpetual Membership	No Charge to Member	
Silver & Fit Annual Membership (May be required to pay \$25 fee)		
* 1 Youth (14 and under) included with each Adult membership		
**Additional Adult can only be added to an adult membership		

Primary Member Information (please print):

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Preferred Phone: _____

Email: _____

Membership Information: Please include Primary Member stated above.

Name: _____ Date of Birth: _____ Membership Rate: _____ ID Number: _____

Name: _____ Date of Birth: _____ Membership Rate: _____ ID Number: _____

Name: _____ Date of Birth: _____ Membership Rate: _____ ID Number: _____

Name: _____ Date of Birth: _____ Membership Rate: _____ ID Number: _____

Name: _____ Date of Birth: _____ Membership Rate: _____ ID Number: _____

TOTAL MEMBERSHIP RATE: _____

Payments will be charged to the credit card on file. Charges will occur on the monthly anniversary of your original subscription registration. Please review the information we have on file and update your card if any changes are made. For example, if the expiration date on your credit card changes, you MUST update that information on your account on-line, or your payment will be declined. Rejected payments will incur a \$15.00 fee.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Upper Providence Township Community Center in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the payment dates fall on a weekend or holiday, I understand that the payments may be executed on the previous business day. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this agreement.

The undersigned states that s/he has read and understands all terms of this agreement, agrees to be bound to this agreement, and acknowledges receipt of a copy of this agreement.

Signature _____ Date _____

For COMMUNITY CENTER Use Only:

Residence Verified By:	Total Payment:	Check # (if applicable):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Staff Initials:	Date:
-------------------------------	-----------------------	---------------------------------	---	------------------------	--------------



2021 Membership Form

499 Hopwood Road Collegeville, PA 19426
484-391-2390
www.getupt.org

Membership Agreement

I acknowledge that I have read, understand and agree to the following (initial each):

_____ * Members must abide by all regulations, policies, and procedures of Upper Providence Community Center as provided, or privileges may be revoked or suspended.

_____ Membership rates may increase at the time of renewal.

_____ I understand I have (5) five days to cancel my membership on subscription agreement, less a 15% cancellation fee.

_____ I understand that this agreement is an instrument for payment of the membership purchased and I am obligated to fulfill this agreement completely. I am responsible for all costs and expenses, including attorney fees and collection fees incurred by Upper Providence Township in collecting the balance due.

I expressly understand and agree that neither Upper Providence Township, a municipal corporation, nor any of its agents, volunteers, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from death, personal injury or property damage to myself or other person on whose behalf this form in now signed as a result of actual or proposed participation in the above named program or activity, and I hereby agree to defend, indemnify and hold Upper Providence Township, its officers, agents, volunteers, assistants or employees harmless on account of any such claim, whether caused by negligence or otherwise. Participants involved in Upper Providence Township Community Center may be photographed. **By signing this agreement, member agrees that photographs may be used for marketing purposes.**

The undersigned states that she/he has read and understands all terms of this agreement and agrees to be bound to this agreement and acknowledges that she/he has received a copy of this agreement, if requested.

Signature: _____ **Date:** _____

Printed Name: _____ **Date:** _____

Witness: _____ **Date:** _____

Medical Information

All members are encouraged to obtain their physician’s advice and permission before entering in any physical activities or programs. Participation in any activity or program is at the member’s own risk. Please provide an emergency contact (other than the people listed on this form) in case of an emergency. **In the case of a life-threatening emergency, Community Center staff will call 911.**

Special Accommodations Statement

Our programs are for people of ALL abilities. If you require special accommodations, please make the Community Center staff aware when registering for a membership. We want to serve you, so let us know how we can help! Call 484-391-2390 to speak with someone from the Community Center. Upper Providence Township is committed to providing equal opportunities to all participants.

Emergency Contact: _____

Relationship: _____ Phone Number: _____



Community Center Rules and Regulations

Membership Policies:

1. The Community Center is open for membership to Residents and Non-Residents of Upper Providence Township.
2. Proof of residency is required. Acceptable forms of identification include: a valid PA Driver's License showing a physical address, a current utility bill (sewer, water, electric) showing the applicant's name and physical address, tax bill, property deed, voter registration card, a twelve (12) month lease agreement showing the physical address of the property. Non-acceptable forms of identification include but are not limited to: any item showing a Post Office Box number instead of a physical address, telephone and cable bills, checks or bank statements, expired bills or leases. **A Resident is defined as a person who lives on permanent basis (12 months) within the township limits of Upper Providence.**
3. All members must check in at the front desk, and scan a valid membership card, upon entering the building.
4. Children must be at least fourteen (14) years of age to enter the facility without adult supervision.
5. Lost membership cards must be reported to the front desk; a replacement card will be issued at the expense of the member at the rate of \$5 per card.
6. Smoking and alcoholic beverages are prohibited on the premises. Food and drinks are permitted in designated areas only. Gum, alcoholic beverages, smoking and tobacco products are not permitted in any part of the Community Center.
7. Proper non-marking athletic shoes and full shirts (no sleeveless shirts or bare midriffs – this includes tank tops, sports bras, cut offs, etc.) are required in all areas of COMMUNITY CENTER.
8. The use of bicycles, skates, scooters, and skateboards are not permitted inside the facility or on the immediate sidewalks surrounding the Community Center. This includes sneakers with skate wheels such as Heelys®. Bicycle racks are available to use at your own risk. Do not lean any bicycle, scooter, or skateboard against the building.
9. COMMUNITY CENTER is not responsible for any lost or stolen items. We encourage members to leave valuables at home or locked in one of the lockers provided in the fitness center. Lost and found items will be logged, labeled, and kept for 3 weeks at the COMMUNITY CENTER front desk. Items not claimed within three weeks will be donated to a charitable cause. Items must be claimed in person.
10. Cell Phones may not be used in the gym, fitness center, within 10 feet of the rock wall, or multipurpose room(s). We ask all cell phone users are respectful of other members and silence your cell phones while in a cell phone free zone.
11. Posting or distributing material or literature at the Community Center is not permitted without the approval of the Parks and Parks and Recreation Director.
12. Selling products or services, soliciting for personal gain; or approaching guests for the purpose of obtaining signatures for petitions on Upper Providence Township grounds is prohibited. This includes "personal trainers" within the fitness center.
13. Animals of any type (with the exception of service animals) are **not** permitted within the Community Center.
14. Use of boom boxes or other large radios is prohibited. Personal radios, iPods, cell phones and similar devices are permitted **with headphones.**
15. COMMUNITY CENTER members are expected to respect the facility and the rights of other individuals. Any user who engages in disorderly conduct, including but not limited to, verbal or physical abuse of an employee or any other member or guest, is subject to immediate removal from the facility and possible loss of membership privileges or suspension without refund.
16. Fees and policies are subject to change.
17. Must follow posted rules and policies for individual spaces including the Fitness Center, Group Exercise Room, Kids Corner, Recording Studio, Silo, Rock Wall, and Gymnasium. (rules and policies are subject to change without notice)

I have read, understand and agree to the policies of the Upper Providence Township Community Center. Failure to abide by the rules and regulations stated above may result in possible loss or suspension of membership privileges without refund. I understand that use of the COMMUNITY CENTER, including the Fitness Center is at my own risk and that all fees and policies are subject to change. By signing below I agree to the terms of membership and all cardholders within my membership.

Signature _____ Date _____



2021 Membership Form

499 Hopwood Road Collegeville, PA 19426
484-391-2390
www.getupt.org

**PARTICIPANT AGREEMENT FOR UPPER PROVIDENCE TOWNSHIP
DEPARTMENT OF PARKS & COMMUNITY**

I wish to participate in a program/activity/event organized by Upper Providence Township Parks and Recreation Department or organized by a third-party vendor with whom the Township has a contract. The name of the event in which I wish to participate is _____.

In requesting to participate in the above-named program/activity/event, I (or my guardian, where applicable) make the following representations:

_____ If the program described above involves physical activity, I verify that I have no physical condition known to me that would be inconsistent with my participation or create a known health risk.

_____ I understand that no health, and/or accident insurance is provided for participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance. Where the program/activity/event is presented by a third party vendor, the vendor is required to provide an insurance policy to the Township, but Township makes no representation regarding the extent to which that policy would provide coverage in the event of injury or damage to property.

_____ I understand that if the program/activity/event involves a trip off of Township property (except for day trips under the Camp Program, see next paragraph), Township supervision is limited to the trip to and from the program/activity/event and there is no supervision at the program/activity/event unless expressly stated by the Township.

_____ If the activity named above is a day camp trip sponsored by the Township Camp Program, I understand that supervision by Township staff will be provided for the duration of the trip. I will abide by the terms and conditions of the Camp Program Handbook. If I do not wish to participate in a particular camp trip, I will notify my head counselor at least 24 hours in advance.

_____ I understand that where the above stated program/activity/event is something of a repetitive nature (multiple visits to the rec center or other facility) this agreement will be kept on file and applies to all of the individual sessions that comprise the program/activity/event.

_____ I expressly understand and agree that neither Upper Providence Township, a municipal corporation, nor any of its agents, volunteers, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability arising from death, personal injury or property damage to myself or other person on whose behalf this form is now signed as a result of actual or proposed participation in the above named program/activity/event, absent proof of negligence.

_____ I agree that Upper Providence Township shall have the right at their discretion to create and enforce safety rules and rules of sportsmanship or conduct and Township may terminate my participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, or harmony of interest to the group and its program as a whole.

_____ I will notify Township staff if I feel ill or dizzy or faint or in any way feel I am not able to continue my participation in the program/activity/event. Staff is authorized to contact emergency medical providers to treat me if they deem it necessary in their discretion. Township is not responsible for medical or ambulance charges.

PROGRAM CANCELLATION AND REFUND POLICY

_____ Upper Providence Township reserves the right to cancel any program, trip or activity due to insufficient registration, inclement weather or any reasonable cause; in this case a full refund will be issued. **No refunds will be issued for cancellations unless requests are made in writing prior to 14 days of the start of a program. Refunds by check or to credit card include a fifteen percent processing fee. Refunds to a Township account do not involve a processing fee.** No refunds or credits will be issued for cancellation of bus trips, or cancellations made after the start of a program. There is a \$25.00 fee for all returned checks.

I have hereunto subscribed this waiver and release on date: _____

Participant's Name: _____

Signature of Participant and/or Guardian (guardian signature required for all participants under 18 years of age or where participant over 18 years is unable to understand or agree to the terms herein): _____

Printed name of guardian (if applicable): _____

Phone number(s) of Parent or Guardian to be used in case of emergency: _____