



# Membership Application

Kids America, Inc.  
1600 Otsego Ave.  
P.O. Box 1177  
Coshocton, OH 43812  
740.622.6657 Phone  
740.623.0500 Fax

Select Type of Membership:  Family  Single  Youth  Seniors 60+  Senior Couple

Passes:  Walking Pass (20 Visits)  Aerobics (10 visits)  All Access Pass (20 visits - 3 months)

Membership Applicant \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Has anyone listed on this application for membership ever been convicted of a misdemeanor or felony other than a minor traffic violation? Yes or No If yes, please explain and include the nature of the crime, date, and court.

*Kids America reserves the right to refuse membership or volunteer privileges to anyone.*

Additional People to Add to Membership (Family and Senior Couple Only) - Additional People must be residents of the household. Everyone on a Family or Senior Couple membership must have the same residential address.

Name	Date of Birth	M/F	Other Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete application on back.

For Office Use Only

Payment Method:  Cash  Check  Visa  Master Card  Monthly Bank Draft

Amount Paid \_\_\_\_\_

Signature for Credit Card Transaction \_\_\_\_\_

Application processed by \_\_\_\_\_

## Assumption of Risk and Release Agreement

As a patron of and/or participant of Kids America, Inc. facility and/or program I affirm that to my knowledge, my general health is good and that I am not adversely affected by physical exercise, and that I am aware that I have certain physical conditions that limit my activities and will abide by such limitations to the best of my knowledge. I am aware of the possibility of accidental or other physical injury which may befall me during my use of the facility, equipment, and/or participation in programs conducted by Kids America, Inc. including programs co-sponsored with other agencies.

In this regard, I do hereby assume the risks of possible accidental physical injuries that I may suffer while utilizing programs and release from any and all liability or cause of action, Kids America, Inc., its employees and volunteers. This agreement shall become effective as of the date signed below and will remain in force and in effect for one full year.

### Membership Card Holders

A membership card is personal to the patrons listed on the reverse. It cannot be reassigned or transferred. The patron agrees to abide by all facility and equipment rules, regulations, and standards of conduct, and understands that Kids America, Inc. reserves the right to revoke membership cards from patrons abusing rules, regulations, equipment, or facilities. I agree to the conditions stated above and declare all information given to be true to the best of my knowledge.

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payroll Deduction or Coshocton Federal Credit Union Authorization Only

By signing below, I authorize (my employer or credit union) \_\_\_\_\_, to deduct Kids America, Inc. membership fees from my wages, in equal installments, for a period of twelve months following the membership enrollment date noted below. I further authorize and instruct my employer to forward said amount to Kids America, Inc. I understand that unless I notify Kids America, Inc. and my employer in writing, that I have terminated my membership, such membership will be renewed automatically. I also understand that Kids America memberships are sold on an annual basis and if my employment with the above named employer is terminated, I will continue to be financially responsible for the remaining balance of the membership fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \* Monthly Bank Draft Authorization Only \*

Account Type	Name/Location of Financial Institution	Bank / Institution Routing Number	Bank Account Number
<input type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

<b>Amount (includes all bank fees and taxes)</b>
Amount to Withdraw:
<input type="checkbox"/> \$35.00 (Family) <input type="checkbox"/> \$28.75 (Individual Adult) <input type="checkbox"/> \$20.42 (Individual Youth) <input type="checkbox"/> \$20.42 (Individual Senior) <input type="checkbox"/> \$26.67 (Senior Couple)
Select Date to Withdraw: <input type="checkbox"/> 5 <sup>th</sup> of month <input type="checkbox"/> 20 <sup>th</sup> of the month

I hereby authorize Kids America, Inc. to initiate debit entries from my personal Checking/Savings account and depository indicated above. I understand that unless I notify Kids America, Inc. in writing that I have terminated my membership, such membership will be renewed automatically. I also authorize Kids America, Inc. to credit my account for correction purposes only. I also understand that Kids America memberships are sold on an annual basis and I am financially responsible for the full amount of the annual membership fee.

This authority is to remain in full force and effect until Kids America, Inc. has received written notification from me of a change or termination at such time and in such manner, as to afford Kids America a reasonable opportunity to act on it. Kids America, Inc. may discontinue direct debit of membership fees at any time with or without notice.

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please include first monthly payment in advance for all bank drafts. Attach a voided check for checking accounts or other bank verification for savings accounts. \*