



MEMBERSHIP APPLICATION

There's something for everyone! Alert minds, healthy bodies, energized spirits - that's what the Adult Activity Center is all about. **Ages 50 or better** are welcome to enjoy a variety of meaningful and fun leisure time activities. Whether it's a brisk game of table tennis, surfing the internet, a game of cards or a field trip to an area attraction, staying active and engaged in a community lifestyle can mean the difference between aging successfully and aging prematurely.

Adult Activity Center

8 North Avenue
St. Charles, IL 60174
630-513-6200

Annual Membership

\$10 per resident
\$15 per nonresident

Daily Guest Fee

\$5 per visit

Open Every Day of the Week

Monday-Thursday
8am-9pm

Friday & Saturday
8am-5pm

Sunday
12-5pm

Amenities

Computer/Media Lounge
Internet Access
Free WiFi
Billiards
Game/Card Room
Free Little Library

Activities*

Drop-In Programs
Educational Classes
Special Events
Field Trips
& More!

**Some activities may require an additional fee.*

PLEASE PRINT

Main Contact _____
First & Last Name

Address _____

City _____ Zip _____

Email _____ Phone _____

Birthdate ____/____/____ Sex Male Female

Emergency Contact _____

Relation to Member _____ Phone _____

Liability Waiver Form

You are solely responsible for determining if your minor child/ward or you are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your minor child/ward or you might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided.)

Waiver & Release of All Claims and Assumption of Risk

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against the St. Charles Park District, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the St. Charles Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me and arising out of, connected with, or in any way associated with this program/activity.

PHOTOS: I understand that my child/ward or I may be photographed or videotaped while participating in a St. Charles Park District program or event. I give permission for photos and video of my child/ward or me to be used to promote the St. Charles Park District. Such photos/video will remain the property of the St. Charles Park District. Please call 630-513-6200 with any questions.

RESIDENCY RATE DISCLAIMER: Residency rates apply to anyone who lives within the St. Charles Park District boundaries. Final determination of residency will be made when processed by the Business Department, not at time of purchase.

NOTE: Only registrations paid by credit card are accepted by FAX. When registering by FAX, it is mutually understood that the facsimile registration document (including the Waiver & release of all claims) shall substitute for and have the same legal effect as the original form.

Signature of AAC Member _____ Date _____

AAC Donation _____ Total Fee _____ Check # _____

IF PAYING BY CREDIT CARD:



Card # _____ - _____ - _____ - _____ Expiration Date _____

Signature of Card Holder _____

OFFICE USE ONLY

- Date Entered _____
- Welcome Packet
- AAC Tour & Orientation
- Photo/Pass Printed