



SULLIVAN CIVIC CENTER MEMBERSHIP FORM

600 N Washington St. Sullivan, IL 61951

217.728.4541

Date Membership to begin _____

Desk Supervisor Signature _____

NAME

ADDRESS (CITY, STATE, ZIP)

BIRTHDAY (MM/DD/YYYY)

PHONE NUMBER

EMAIL ADDRESS

GENDER

FOB # (STAFF USE ONLY)

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE #

FILL OUT THE OPTIONS BELOW FOR FAMILY MEMBERSHIPS

SPOUSE/SIGNIFICANT OTHER

GENDER

BIRTHDAY

FOB #

SPOUSE/SIGNIFICANT OTHER PHONE # _____

CHILD #1

GENDER

BIRTHDAY

FOB # (IF OVER 16)

CHILD #2

GENDER

BIRTHDAY

FOB # (IF OVER 16)

CHILD #3

GENDER

BIRTHDAY

FOB # (IF OVER 16)

CHILD #4

GENDER

BIRTHDAY

FOB # (IF OVER 16)

CHILD #5

GENDER

BIRTHDAY

FOB # (IF OVER 16)

MEMBER LIABILITY AGREEMENT

****PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT BY SIGNING AND PARTICIPATING IN OFFERED PROGRAMS YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES THAT MAY BE SUSTAINED FROM OFFERED PROGRAMS****

As a health club member, I recognize and acknowledge that there are certain risks of physical injuries, damages, or loss which I may sustain as a result of participating in a program. I agree to waive and relinquish all claims that I may have as a result of participation against the Sullivan Civic Center, the City of Sullivan, and its affiliates and employees from any and all claims from injuries, damage, or loss which I may accrue due to participation in an offered program. I further agree to indemnify and hold harmless and defend the Sullivan Civic Center and its affiliates and employees from any and all claims arising out of, or connected to/with, or in any way associated with an activity in any of the offered programs. I have read and fully understand the above details, waiver, and release all claims.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY: City * Retired City * County (Fire, Sheriff, Courthouse) * Dive

MEMBERSHIP PRICING

Package Title	Package Description	Package Monthly Cost		Package Annual Cost
Individual	One person; whole facility use; 16 years or older.	Manual Renewal: \$50	Automatic Renewal: \$40	\$285 (approx. \$24 per month)
Family	Two adults in the same household with dependents 22 years or younger; whole facility use; primary must be 16 years or older	Manual Renewal: \$65	Automatic Renewal: \$55	\$430 (approx. \$36 per month)
Senior	Up to two adults in the same household; whole facility use; primary must be 65 years or older	Manual Renewal: \$45	Automatic Renewal: \$35	\$260 (approx. \$22 per month)

AUTO PAY ENROLLMENT

I agree that Sullivan Civic Center will auto debit \$_____ from my card on file. I understand this will occur monthly from the day I sign up. I understand I must personally appear at the Sullivan Civic Center at least 5 business days prior to stop my auto pay monthly membership. I ALSO UNDERSTAND THAT IF ANY PAYMENT IS DECLINED FOR ANY REASON, I AM STILL RESPONSIBLE FOR THOSE CHARGES.

INITIALS_____