

# St. Mark UMC Activity Center Membership Form

## Personal Information

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

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ (optional; for electronic notifications)

## Membership Payment Options

Are you a member of St. Mark UMC? \*Yes \_\_\_ No \_\_\_

\*You are not required to pay Membership or Usage fees.

Do you use the CAC twice or more a week? \*Yes \_\_\_ No \_\_\_

\*It may benefit you to use the \$15 per month (Membership) payment option.

Do you use the CAC less than twice per week? \*Yes \_\_\_ No \_\_\_

\*It may benefit you to use the \$2 per visit (Usage) payment option.

All non-members of St. Mark UMC must pay membership or usage fees. Usage fees are due when you use the facility.

Initial next to the payment option you are signing up for: Per Month \_\_\_ Per Visit \_\_\_

\* You may change your payment option choice if your needs change.\*

## Activity Center Rules

1. Sign in everyday you use the Christian Activity Center. This helps with monitoring payment and usage.
2. No food and drink allowed on gym floor or racquetball court.
3. No slam dunking or hanging on rims/nets.
4. No one under 16 allowed to use any exercise equipment unless accompanied by an adult 18 years or older.
5. Bring towel when using exercise equipment to wipe sweat off of the machines.
6. Use collars on weight bars and dumbbells.
7. Replace all equipment to the spot you got it from after use.
8. No swearing, taunting or rough play.
9. Treat others as you wish to be treated.
10. Help keep the CAC clean.

## Membership Agreement

I agree to abide by the rules stated. I understand that any violation of the stated rules will result in a review and possible revocation of membership and usage privileges. I also agree to abide by the payment rules. I understand that I must make arrangements with the Recreational Ministries Director if I cannot pay the fees on time. Any late or non-payments will also result in review and possible revocation of membership and usage privileges.

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

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware. Submit this notification in writing and attach it to this form.

Note: If you take medication, please have that information accessible so that, in the case of emergencies, medical personnel may be made aware.

**Check the following areas of concern.** If necessary, add another page with details:

1. Do you have allergies to—  
 pollens                       medications                       food                       insect bites  
Specify: \_\_\_\_\_
2. Do you suffer from, or have you ever experienced, or are you being treated currently for any of the following:  
 asthma                       epilepsy / seizure disorder                       heart trouble  
 diabetes  
 frequently upset stomach                       physical handicap
3. Date of last tetanus shot: \_\_\_\_\_
4. Do you wear                       glasses                       contact lenses
5. Please list and explain any major illnesses you have experienced that emergency personnel would need to know about:

Note: The term "Church" will refer to St. Mark United Methodist Church, 6795 Whitesville Rd., Columbus, GA 31904

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal loss.

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of medical personnel, I consent to any reasonable medical treatment as deemed necessary by a licensed physician, registered nurse or emergency medical personnel. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

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

Printed Name: \_\_\_\_\_

Do you hold medical insurance? Yes\_\_\_ No\_\_\_

Name of Insurance company: \_\_\_\_\_

What Activities do you participate in here at the CAC?  
\_\_\_\_\_