



# CENTER PASS REGISTRATION

1721 E. 56th St., Tacoma, WA 98404  
(253) 404-3990 • EastsideCommunityCenter.org

**Person financially responsible for payments**

First Name Last Name DOB Gender

Address City, State, Zip Code

Primary Phone Secondary Phone Alert Texts YES  NO

Email Address

Employer Name and Address

Emergency Contact Relationship to you Phone

### Pass Holder(s) Information:

First Name Last Name DOB Gender Set-Up Fee Fee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Amount Due \$** \_\_\_\_\_

**Payment Options:** Center Passholders agree to pay monthly, 6 months, or annual payment selected below:

**Annual:** 5% discount applied to Center Pass. Set-up fee does not apply. Refunds permitted on a prorated basis with a cancellation fee. Does not require a credit card on file. Must be paid in full at time of enrollment. Early annual withdrawals will be charged back the set-up fee and lose the 5% discounts on used months.

**6 months:** Does not require credit card on file. Must be paid in full at time of enrollment. Refunds are not permitted. One time set-up fee due at time of registration.

**Monthly:** Auto-Renewal Payment is charged to your credit/debit card each month at time of enrollment. You are responsible for making sure there is a valid credit card on file. Rejected payments will result in cancellation of your Pass. You will be subject to a set-up fee upon reinstatement of your Pass.

Credit Card Number             Expiration Date   CVV

Pass Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Pass End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Cardholder

Printed Name of Cardholder

<b>CENTER POLICIES</b>	<b>Passholder Initials</b>
<p><b>Declined Credit/Debit Card:</b> A service charge of \$25 will be assessed for payments not received by the scheduled withdrawal date. Passes will be canceled and cardholders may not reinsitute pass unless delinquent amount and the service fee are paid.</p>	
<p><b>Leave of Absence:</b> Accounts may be put onto a Leave of Absence (LOA) with no charge during the designated time period. Each person may be on LOA for up to 3 months (90 days), per calendar year. All LOA requests must be completed 10 days prior to the renewal date for the following month's draft to be stopped. Annual early withdrawals will be charged back the set-up fee and lose the discounted rate of those used months.</p>	
<p><b>Cancellation of Pass:</b> Cancellations must be made in writing (email acceptable). Customer is responsible for a follow-up that the request was received. All requests for cancellations must be completed 10 days prior to the renewal date for the following month's draft to be stopped. Annual early withdrawals will be charged back the set-up fee and lose the discounted rate of those used months.</p>	
<p><b>Termination of Account:</b> The Center reserves the right to terminate passes for failure to adhere to state policies or individual program expectations.</p>	
<p><b>Understanding of Facility Guidelines:</b> Cardholder is responsible for knowing facility guidelines.</p>	
<p><b>Discounts:</b> Cardholder discounts are only applicable to active accounts during the time of class or activity. Terminated accounts prior to class or activity will result in application of full rate for class or activity.</p>	

## Waiver and Release from Liability

I understand that Metro Park Tacoma (MPT) assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my observation or participation in any activity or my use of facilities or equipment for MPT activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge MPT, its agent, volunteers, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

➤ **Property Loss:** I understand that MPT is not responsible for personal property lost, damaged, or stolen while cardholders and or program participants are using MPT facilities or on program premises.

➤ **Photograph Permission:** I give my permission for MPT to use, without limitation or obligation, photographs, film footage, or tape recordings which may include image or voice for the purposes of promoting or interpreting MPT programs.

➤ **Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all MPT activities. MPT does not provide any accident or health insurance for its participants.

➤ **Medical Release:** I authorize MPT, as my agent, to give consent to myself or my child's medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician and I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize MPT to give first aid, CPR or other treatment by a qualified staff member.

➤ **Acceptance:** This waiver and release is given for myself and on behalf of the minor members of my family listed, if any. I acknowledge the conditions for joining stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

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Signature of Primary Cardholder or parent/guardian

Date

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Staff Signature

Date