



Korte Recreation Center Membership Application

Circle amount of pass purchasing	Resident Highland City Limits				◇ Local Non-resident				Distant Non-resident			
	3 Month	6 Month	Annual	Monthly Auto Debit	3 Month	6 Month	Annual	Monthly Auto Debit	3 Month	6 Month	Annual	Monthly Auto Debit
Family of 5*	\$140	\$265	\$410	\$36.67	\$150	\$285	\$450	\$40.00	\$155	\$295	\$470	\$41.67
Adult	\$110	\$205	\$320	\$29.17	\$120	\$225	\$360	\$32.50	\$125	\$235	\$380	\$34.17
Senior	\$90	\$165	\$245	\$22.92	\$100	\$185	\$290	\$26.67	\$105	\$195	\$310	\$28.33
Youth	\$90	\$165	\$250	\$23.33	\$100	\$185	\$290	\$26.67	\$105	\$195	\$310	\$28.33
Senior Couple	\$120	\$225	\$350	\$31.67	\$130	\$245	\$390	\$35.00	\$135	\$255	\$410	\$36.67

- * Additional family members are \$30 annually or \$10 for 3 months. (membership is not transferable to other family members)
- ◇ Local non-residents include those in the Highland School District or Marine or St. Jacob Townships.
- Family memberships consist of all members living at a residence with verification of address, such as a current bill or official mail.
- Parents may vouch for children under 18 living at address.
- Birth certificates are required for children with different last names.
- Adults 16 or older need a photo ID to process membership.

Corporate Business Name _____

VALUE CARDS	Resident	Non-Resident
Youth (3-17) & Senior (60+)	\$70	\$100
Adult	\$90	\$120

Towel Service		
	3 Month	Annual
Individual	\$8	\$25
Family	\$13	\$40

Locker Rental		
	3 Month	Annual
Half	\$25	\$75
Full	\$30	\$90

Child Care Passes			
<input type="checkbox"/> 20 visit	\$45	<input type="checkbox"/> Year unlimited use-1st child	\$125
<input type="checkbox"/> 40 visit	\$85	<input type="checkbox"/> Year unlimited-additional child	\$100

See staff for age requirements applying to various parts of the building.

First Name	Last Name	Date of birth	Grade	Gender (M/F)

Head of Household Information:

Name _____ Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail _____

Emergency contact (Optional): Name _____

Relationship _____ Phone _____

Prior to purchasing your membership, please read, initial and sign the back of this form.

Cancellation Policy

Memberships may not be cancelled, unless this is an auto debit membership in which it may be cancelled after completing one continuous year by presenting a written notification by the first of the month in order to stop the payment for that month. Otherwise, any membership may be cancelled if moving to a location 15 or more miles further away from Highland from the current address and providing the required documentation for verification.

General Information

Card holders must abide by the regulations of the Korte Recreation Center or privileges may be revoked without refund.

All annual memberships are good for one year from the date of purchase, except for charter members who will receive bonus weeks for maintaining annual membership since opening in 2001.

Twenty punch value cards never expire and may only be used by the individual purchasing the card. The dollar value of any unused visits may be credited toward the upgrade to a 3 month or annual pass. Twenty punch value cards are not considered memberships, and do not entitle one to membership discounts on any programs.

Memberships are not transferable.

Membership cards need to be presented each visit to the front desk staff for facility admission. Replacement cards are \$5.

While using the facility a photo may be taken by the department staff and may be used in future publications.

****I have read and understand these policies. Please initial. _____**

Waiver and Release of Liability

By signing this form, I hereby release and discharge from and waive any and all claims against the City of Highland, the Highland Parks and Recreation Department, and its officers, agents, servants, and employees, which might arise for any injury I may sustain while participating in any activity.

I understand that activities at the Korte Recreation Center may be strenuous to my health and that I should consult a physician prior to engaging in any strenuous activities.

Signature

Date

For office use only:

Residency verified _____ Staff initials _____ Expiration date _____ Auto debit _____

Cash _____ Check _____ Check # _____ Gift certificate _____ Credit Card _____