

# Matteson Community Center Membership Application

**PH:** 708-441-4500 / **FAX:** 708-441-4259 (*Charge Only*)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Town/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>Method of Payment:</b>	
<input type="checkbox"/> <b>Check #:</b> _____ <i>(Please make check payable to Village of Matteson)</i>	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover <b>Card #:</b> _____ <b>Exp. Date:</b> _____ <b>Amount Charged:</b> \$ _____ <b>CSV:</b> _____ (on back of card) <b>Card Holder Name:</b> _____ <b>Authorized Signature:</b> _____

**I understand that all Membership Cancellations are to be submitted with 30 days notice in order to terminate the Membership Agreement. \_\_\_\_\_ (Please initial)**

Family Members at Same Residence	Type of Membership	Birth Date (MM-DD-YY)	Fee
		__/__/__	\$ ____
		__/__/__	\$ ____
		__/__/__	\$ ____
		__/__/__	\$ ____
		__/__/__	\$ ____
<b>TOTAL ENCLOSED:</b>			

Do you have a need for special accommodations as covered by the American Disability Act?  
 If yes, please call us at least two weeks in advance at (708) 441-4500.

<p><b>How did you hear about the Community Center Membership?</b></p> <input type="checkbox"/> Leisure Guide <input type="checkbox"/> Flier <input type="checkbox"/> Cable <input type="checkbox"/> Village Marquee <input type="checkbox"/> Newspaper <input type="checkbox"/> Web Page <input type="checkbox"/> Other: _____
<p><b>Photo Release:</b> By registering for any program, you agree to allow publication of any photos taken at any program, event or facility offered through the Village of Matteson.</p>

**WAIVER FOR PARTICIPATION OR BY PARENT:** In consideration of the Recreational Services Department accepting me or my child's entry, hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child have against the Village of Matteson and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. By enrolling my family in any Recreational Services Department activity, we agree and understand this waiver.

**Signature:** \_\_\_\_\_

