

Korte Recreation Center Membership Application



If you were referred by a member, please note their name so they can receive their bonus days.

Referral Name _____ must be noted prior to purchase)

~2 days will be awarded for an individual or 4 days for a family for every quarter purchased~

Resident Highland City Limits				❖ Local Non-resident			Distant Non-resident		
Circle amount of pass purchasing	◆ 3 month	Annual	20 Visit Value Card	◆ 3 month	Annual	20 Visit Value Card	◆ 3 month	Annual	20 Visit Value Card
Family of 5*	\$135	\$400	N/A	\$145	\$440	N/A	\$150	\$460	N/A
Adult	\$105	\$310	\$90	\$115	\$350	\$120	\$120	\$370	\$120
Senior	\$85	\$240	\$70	\$95	\$280	\$100	\$100	\$300	\$100
Youth	\$85	\$240	\$70	\$95	\$280	\$100	\$100	\$300	\$100
Senior Couple	\$115	\$340	N/A	\$125	\$380	N/A	\$130	\$400	N/A

* 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.

◆ Each additional three months purchased at the same time for the same person (s) is \$15 less than the original three months.

	Towel Service (circle amount)		Locker Rentals Available		
	3 month	Annual	Size	3 month	Yearly
Individual	\$8	\$25	1/2	\$25	\$75
Family	\$13	\$40	Full	\$30	\$95

- Family memberships consist of all members living at a residence with verification of their address such as a current bill or official mail with their name on it. Parents may vouch for children under 18 living at their address. Birth certificates are required for children with different last names.
- Adults 16 or older need a photo ID to process their membership.

Child Care Passes			
___ 20 visit	\$45	___ yr. unlimited use-1st child	\$125
___ 40 visit	\$85	___ yr. unlimited-additional child	\$100

Would you like to schedule a fitness orientation? ___ Yes ___ No

Check all that apply:
 ___ corporate membership ___ charter membership

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

First Name	Last Name	Date of birth	Grade	Male(m) Female (f)

Head of Household Information:

Name _____ Address _____

City _____ State _____ Zip _____

Phones: Home _____ Work _____ Cell _____

E-mail _____

Emergency contact (Optional): Name _____

Relationship _____ Phone _____

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

Cancellation Policies

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 purchased their pass prior to the facility opening being given bonus weeks. All members may also earn bonus days by referring new 3 month or annual members. Two days will be awarded for a family or one day for an individual for every quarter purchased.

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, which does 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.

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 _____

THANK YOU FOR JOINING THE KORTE RECREATION CENTER