Form of ID Verified _____ Date_____
Amount Pd_____
Cash____Ck#_____
Staff Initials_____

VALLEY VIEW COMMUNITY CENTER

6828 Hathaway Road
Valley View, Ohio 44125
(216) 524-9365

MEMBERSHIP APPLICATION AND RENEWAL FORM

(Valley View Residents Only-Proof of Residency May Be Requested At Any Time)

CHOOSE ONE: ☐ RENEWAL ☐ NEW APPLICATION ☐ MID-YEAR APPLICATION (On or after July 1)

MEMBERSHIP: ☐ Single ($35.00/year) ☐ Family ($60.00/year) ☐ Senior ($15.00/year)
☐ Single ($17.50 mid-year) ☐ Family ($30.00 mid-year) ☐ Senior ($7.50 mid-year)

NAME: _____ DATE OF BIRTH: _____
(Main Contact) (First) (Middle Initial) (Last)

ADDRESS: _____
(Street Number) (Street) (Apartment #)

_____
(City) (State) (Zip Code)

HOME PHONE: _____ WORK PHONE: _____
(Area Code) (Number) (Area Code) (Number)

EMERGENCY PHONE: _____ CONTACT: _____
(Area Code) (Number) (Name)

E-MAIL ADDRESS (Not Required)_____@_____

Please list all other individuals to be included in this membership.
Only family members living in the same household can be included in a family membership.
*All adults over the age of 23 during the current calendar year MUST show proof of residency *

NAME (First, M.I., Last)	BIRTHDATE (MM/DD/YY)	E-MAIL* Not Required)	FORM OF ID VERIFIED IF 23+ DL/OTHER

RELEASE AGREEMENT

The undersigned consents to the participation in the programs and activities sponsored by the Village of Valley View. The undersigned also hereby releases the Village of Valley View, its employees, agents, and the Community Center staff, or any duly authorized instructor assigned by such department from any and all injuries sustained by the undersigned during the course of participation in any program or activity including transportation to and from any program or activity, or sustained from the use of the Community Center or other facility provided by the Village of Valley View for recreational purposes.

SIGNATURE _____ DATE _____