

Cloverleaf Community Recreation Center  
8525 Friendsville Road  
Lodi, Ohio 44254  
(330) 948-1323

MC/VISA/DISC	(Office Use)
# _____	
Exp. Date _____	3Digit _____
Confirm # _____	

NEW      RENEWAL (circle)      MEMBERSHIP AGREEMENT

\*Please complete all information. (including date of birth)

Date: \_\_\_\_\_      **RESIDENT / NON-RESIDENT** (circle)

Type of Membership: ADULT   STUDENT   EMPLOYEE   SENIOR   FAMILY   COLLEGE   FIRE/POLICE

MEMBER NAME \_\_\_\_\_

STREET (Mailing) ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

EMPLOYER/SCHOOL \_\_\_\_\_      DATE OF BIRTH \_\_\_\_\_

**\*\*\*THE REC WILL BE CLOSED ON SCHOOL DAYS (2:00-6:00 PM)  
FOR SCHOOL APPROVED ATHLETES/STUDENTS.**

Family Members Names if this is a Family Membership:

<u>NAME</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____

Every attempt will be made to contact a family member in case of an emergency. If no family member can be reached, we will contact the following emergency contact person:

NAME \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

Office Use:  
Method of Payment: CASH      CHECK# \_\_\_\_\_      MC / VISA / DISC

MEMBER # \_\_\_\_\_ DONATION AMOUNT \_\_\_\_\_ TOTAL \_\_\_\_\_

Participation in the Cloverleaf Community Recreation Center is voluntary and at the participant's own risk. Members should consult a physician before beginning any exercise regimen.

**\*\*\*THE REC CENTER MAY CLOSE FOR SPECIAL EVENTS.  
EVERY EFFORT WILL BE TAKEN TO NOTIFY MEMBERS OF THESE SPECIAL CIRCUMSTANCES.**