



MEMBERSHIP FORM

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Gender _____ Date of Birth _____ Phone _____

Email Address _____

****Please select Membership Type:**

Memberships are non-refundable.

Monthly

Annual

EFT

Youth

Adult Single

Adult Single

Adult Single

Month

Adult + 1 (2 person)

Adult + 1 (2 person)

Adult + 1 (2 person)

Annual

Adult + 2 (3 person)

Adult + 2 (3 person)

Adult + 2 (3 person)

Adult + 3 (4 person)

Adult + 3 (4 person)

Adult + 3 (4 person)

Adult + 4 (5 person)

Adult + 4 (5 person)

Adult + 4 (5 person)

Adult + 5 (6 person)

Adult + 5 (6 person)

Adult + 5 (6 person)

Adult + 6 (7 person)

Adult + 6 (7 person)

Adult + 6 (7 person)

****Additional Names:**

Name _____ Gender _____ Date of Birth _____ Phone _____

Name _____ Gender _____ Date of Birth _____ Phone _____

Name _____ Gender _____ Date of Birth _____ Phone _____

Name _____ Gender _____ Date of Birth _____ Phone _____

Name _____ Gender _____ Date of Birth _____ Phone _____

****Please read below:**

I understand the operation of the Summit Activities Center is the responsibility of the Department of Parks and Recreation of the City of Yankton and agree to abide by the rules and regulations as established for its use. Failure to obey the policies and procedures may result in the loss of privileges for use of the Summit Activities Center without refund of any fees. I further understand that I can be held responsible for payment for damages I may cause to equipment and/or facilities belonging to the City of Yankton and/or the Yankton School District.

Signature _____

Date _____