

STAFFED HOURS
 M-TH 5:30 AM - 9 PM
 FRI 5:30 AM - 8 PM
 SAT 8 AM - 6 PM
 SUN 1 PM - 6 PM



300 TAYLOR NOTION ROAD CAPE CARTERET 252-393-1000

<u>MAIN MEMBER</u> Cell Phone Number _____		<u>SPOUSE</u> Cell Phone Number _____	
Name (1) _____ Last First		Name (2) _____ Last First	
Birth Date _____ Bar Code _____		Birth Date _____ Bar Code _____	
Email Address _____		Email Address _____	
Mailing Address _____			
City _____		State _____	Zip _____

ADD ONS: Immediate Family Only (Children under 22 years of age) Dependents only

_____	_____	_____	_____	_____	_____	_____	_____
Name	Age	DOB	Bar Code	Name	Age	DOB	Bar Code
_____	_____	_____	_____	_____	_____	_____	_____
Name	Age	DOB	Bar Code	Name	Age	DOB	Bar Code

PREMIER MEMBERSHIPS

INCLUDES ALL CLASSES • NO TIME OF USE RESTRICTIONS • 3 FREE GUEST PASSES PER YR • FULL CLUB ACCESS

SINGLE
 MARRIED COUPLE
 FAMILY*
 GYMCARE \$35 PER MONTH

*immediate family consists of those you claim on taxes

LEVEL ENTRY MEMBERSHIPS

STUDENT (16- 25 YEARS)
 PUNCH PASS 15 VISITS EXPIRES IN 1 YEAR

GYMCARE NURSERY \$35 PER MONTH

No guest passes or club services discounts apply to level entry memberships **24 HOUR ACCESS IS NOT INCLUDED**

LIMITED MEMBERSHIPS

INCLUDES USE OF FACILITY DURING SET TIMES WITH LIMITED ACCESS

LIMITED FULL **MON-FRI 12 – 6 PM**
 LIMITED POOL **MON-FRI 12-3 PM**

CLASSES ARE NOT INCLUDED **24 HOUR ACCESS IS NOT INCLUDED**

FEES AND DUES: The total fees due at signing consist of 1) assessment fee and monthly **pro-rated** dues or a **1** month fee

- 1) Assessment fee: Member agrees to pay a onetime assessment fee to qualify for membership.
Member and the club agree that the assessment fee is a onetime non-refundable fee for duration of the membership.
- 2) Membership Dues: MONTHLY AUTOMATIC DEBIT: Monthly dues are pro-rated to the 20th of each month or 1 month

BUYERS RIGHT TO CANCEL
 By member signature below, member hereby agrees to the terms and conditions of membership, acknowledges receipt of a fully completed copy of this agreement and the rule and regulations of the club. This agreement may be cancelled by member upon written notice to the club prior to midnight of the third business day after the date of the agreement.

BY _____ Date _____

Club Representative

Date

_____ Date _____

Member

MEMBER RELEASE: As a member of Cape Carteret Aquatic & Wellness Center, I intend to and will engage in strenuous physical activities and classes on CCAW’s premises. I understand that these physical activities involve certain risk and exposure to personal injury, which risks and exposures I voluntarily assume for myself and any member of my family, including my children. I hereby release in full and forever discharge CCAW, its Directors, Offices, Shareholders, Agents and Employees, where acting officially or otherwise, on behalf of myself or any member of my family, our Representative, Heirs, Executors, Administrators and Personal Representative from any and all claims, demands, or causes of action relating to or deriving from any injury to me or to any member of my family, including children or any loss or damage to my property or the property of any member of my family, during or arising out of the use of CCAW facilities or participation while at CCAW.

X _____ Date _____

Main Member Signature

Printed Name

Date