

STAFFED HOURS
 M-TH 5:30 AM - 9 PM
 FRI 5:30 AM - 8 PM
 SAT 8 AM - 4 PM
 SUN 1 PM - 6 PM



300 TAYLOR NOTION ROAD CAPE CARTERET 252-393-1000

MAIN MEMBER Cell Phone Number _____ **SPOUSE** Cell Phone Number _____

Name (1) _____ Name (2) _____
Last First 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 (12- 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**

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

- Enrollment fee: Member agrees to pay a onetime enrollment fee to qualify for membership. Member and the club agree that the enrollment fee is a onetime non-refundable fee for duration of the membership.
- 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 _____ Member _____ Date _____
Club Representative Date Member Date

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 officialy 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 _____ Printed Name _____ Date _____
Main Member Signature Printed Name Date