



TWIN LAKES COMMUNITY ACTIVITY CENTER
1114 ST HWY 59
JACKSBORO, TX 76458
(940)567-6321

Door Code _____

Expires: ____/____/____

MEMBERSHIP APPLICATION

Each individual will be required to show a photo ID with proof of residence in the City of Jacksboro before they may use the facility. Forms of acceptable ID are: Valid TX Driver's License; TX State ID Card or Water Bill. Proof of residence will be required every 12 months at renewal. ****Children under 18 years of age must be supervised by an adult and have a signed medical release form****

	ANNUAL RATES			
	RESIDENT		NON-RESIDENT	
	New Member	Renewal	New Member	Renewal
Individual	\$120.00	\$120.00	\$150.00	\$150.00
Senior 60+ years	\$90.00	\$65.00	\$110.00	\$70.00
First responders/volunteer fire (not including family)	\$60.00	\$60.00	\$60.00	\$60.00
6 – month membership	\$90.00	\$90.00	\$100.00	\$100.00
1-month membership	\$25.00		\$35.00	
Daily admission	\$10.00		\$10.00	
Administration fee for initial set-up for a new membership	\$10.00	---	\$10.00	---

CITY RESIDENT: _____ INDIVIDUAL 1 YEAR _____ 6 MONTHS _____ 1 MONTH _____ CHECK IF RENEWAL

_____ SENIOR 60+ 1 YEAR _____ 6 MONTHS _____ 1 MONTH _____ CHECK IF RENEWAL

NON-RESIDENT: _____ INDIVIDUAL 1 YEAR _____ 6 MONTHS _____ 1 MONTH _____ CHECK IF RENEWAL

_____ SENIOR 60+ 1 YEAR _____ 6 MONTHS _____ 1 MONTH _____ CHECK IF RENEWAL

NAME OF PRIMARY APPLICANT: _____

DATE OF BIRTH: ____/____/____ **DRIVERS LICENSE/ID/STATE:** _____

CELL PHONE: _____ **HOME PHONE:** _____ **EMAIL:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

MEDICAL RELEASE COMPLETED AND SIGNED: Y /N

APPLICANT'S CHILDREN INFORMATION:



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Expires: ____/____/____

NAME: _____ DATE OF BIRTH: _____ MEDICAL RELEASE SIGNED: Y / N

NAME: _____ DATE OF BIRTH: _____ MEDICAL RELEASE SIGNED: Y / N

NAME: _____ DATE OF BIRTH: _____ MEDICAL RELEASE SIGNED: Y / N

NAME: _____ DATE OF BIRTH: _____ MEDICAL RELEASE SIGNED: Y / N

**I acknowledge that the individuals listed here are permanent residents of my household.*

Primary Applicant Signature

Date

Membership Medical Release Waiver

I, _____, on this ____ day of _____, 20____, in consideration of my application for membership to the Twin Lakes Community Activity Center agree to indemnify, hold harmless, defend the City of Jacksboro, its Parks and Recreation Department, its Parks and Recreation Board, its offices and its employees, from and against all claims and suits for damages, injuries to persons (including death), property damage, losses, and expenses including court costs and attorneys' fees, arising out of or resulting from any participation in said event or my use of the City of Jacksboro facilities or equipment including all such cases of action based in whole or in part upon the negligent acts or omissions of the City of Jacksboro, its offices, employees, invitees or trespassers. I agree to waive any and all claims I may have against the City of Jacksboro, its Parks and Recreation Department, its Parks and Recreation Board, its offices, and its employees connected with, or resulting from, or arising out of, claims and suits covered by this indemnification agreement, and agree that any insurance carrier involved should not be entitled to subrogation under any circumstances against City, its Parks and Recreation Department, its Parks and Recreation Board, its offices and its employees.

By signing agreement, I thereby bind myself and agree to each and all of the provisions contained therein this ____ day of _____, 20____

Name _____

Signature _____