



City of Roseville Roseville Sports Center Pass Application Information/Waiver

	City	State	Zip
())	Male/Female
Home Phone	Work 1	Phone	6
Email Address			
Enrolling Member's First Name	DOB	Membership Pass Type	Fee

		irty (30) days Initial:	
PARTICIPANT'S WAIVER, RELE The City of Roseville Parks and Recreation and program participants for potential fut consideration of permitting the named pataught or sponsored by the CITY, the un- employees from, and waives and relinquisting injury or property damage arising as a res- said activity, excepting for such personal	ille Parks and I EASE, ASSUMPTI on Department st ure use. All photo rticipant(s) to en dersigned hereby shes any claim, li ult of participational injury or prop	Recreation Department ON OF RISK AND INDEMNITY AGE aff reserves the right to photograph as will remain the property of the Ci roll in and participate in the above voluntarily releases the CITY, its o inability, cause of action, damages, or on in or receiving instructions from the perty damage as may arise directly	facilities, activities ity of Roseville. In activity(ies) given, fficers, agents and costs for personal the CITY regarding out of the active
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Updated: 10/01/07

Electronic Funds Transfer

Automatic Payment Service Authorization Agreement
To participate in the Automatic Payment Service, please complete this form. Mail it and a voided check to:

City of Roseville

Roseville Sports Center 1545 Pleasant Grove Blvd. – Roseville, CA 95747

Customer Information Primary Payee Name in Checking Account	
Name(s) on Membership Card(s)	
Your Address	Day Phone#
RSC Barcode # (Roseville Sports Center Staff will fill in)	
Banking Information Name of your bank, savings and loan, or credit union	
Branch Location	
Checking Account number from which you wish funds transferred	
Your name (please print) as shown on financial institution records	
Your signature as shown on financial institution records	
• Bank Authorization I authorize the City of Roseville to begin deductions from my account with the fir payment of my Monthly Sports Center Pass(es). My Monthly Sports Center Pass(each month until cancelled in writing. I understand that I have the right to stop the minimum of twelve (12) months and a written notice to the Roseville Sports Center charged. I also understand that the Roseville Sports Center will stop automatic with cancellation is received by the Roseville Sports Center. I understand that the City institution indicated reserve the right to end this payment plan and my participation processed within 10 working days of this agreement.	(es) will automatically be renewed ese automatic payments, after a ter, prior to the time my account is thdrawals 30 days after the letter of of Roseville and /or the financial
I authorize \$ to be deducted on the 1 st day of each month.	
I authorize the above named financial institution to pay and charge my account the Service drawn on my account and payable to the City of Roseville.	e amount of any Automatic Payment
Signature Date	
PLEASE NOTE! To ensure proper bank coding of your automa YOU MUST ATTACH A BANK CHECK marked VOID which shows y	
For RSC Staff use only:	I Voided check attached

FAMILY PASS

Electronic Funds Transfer

Automatic Payment Service Authorization Agreement
To participate in the Automatic Payment Service, please complete this form. Return it and a voided check to:

City of Roseville

Roseville Sports Center 1545 Pleasant Grove Blvd. – Roseville, CA 95747

Customer Information Primary Payee Name in Checking Account			
Your Address	Day Phone#		
Family Members on Pass Plan: Name:	Age:	D.O.B.	RSC Barcode (filled in by staff)
Tallic.			
			Marie Annie An
			Mass.
	·····		
Additional family Member (\$19 each per month)			
Banking Information Name of your bank, savings and loan, or credit union			
Branch Location			
Checking Account number from which you wish funds to	ransferred	w	
Your name (please print) as shown on financial institution	on records		
Your signature as shown on financial institution records			
Bank Authorization I authorize the City of Roseville to begin deductions from my Monthly Sports Center Pass(es). My Monthly Sports cancelled in writing. I understand that I have the right to and a written notice to the Roseville Sports Center, prior Sports Center will stop automatic withdrawals 30 days a understand that the City of Roseville and /or the financia participation therein. My first payment will be processed. I authorize \$ to be deducted on the 1st day (Initial)	Center Pass(e stop these aut to the time m fter the letter of il institution in I within 10 wo	s) will automatica omatic payments, y account is charge of cancellation is redicated reserve the rking days of this	Ily be renewed each month until after a minimum of twelve (12) months ed. I also understand that the Roseville eccived by the Roseville Sports Center. It is right to end this payment plan and my
I authorize the above named financial institution to pay a drawn on my account and payable to the City of Rosevil		account the amou	nt of any Automatic Payment Service
Signature		Date	
PLEASE NOTE! To ensure prop YOU MUST ATTACH A BANK CHECK	per bank codin marked VOI	g of your automat D which shows yo	ic payment request our complete account number
For RSC Staff use only:	orm completed	and attached	☐ Voided check attached
Receiving Staff Signature:		Date Rec	eived:

Receiving Staff Signature:

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