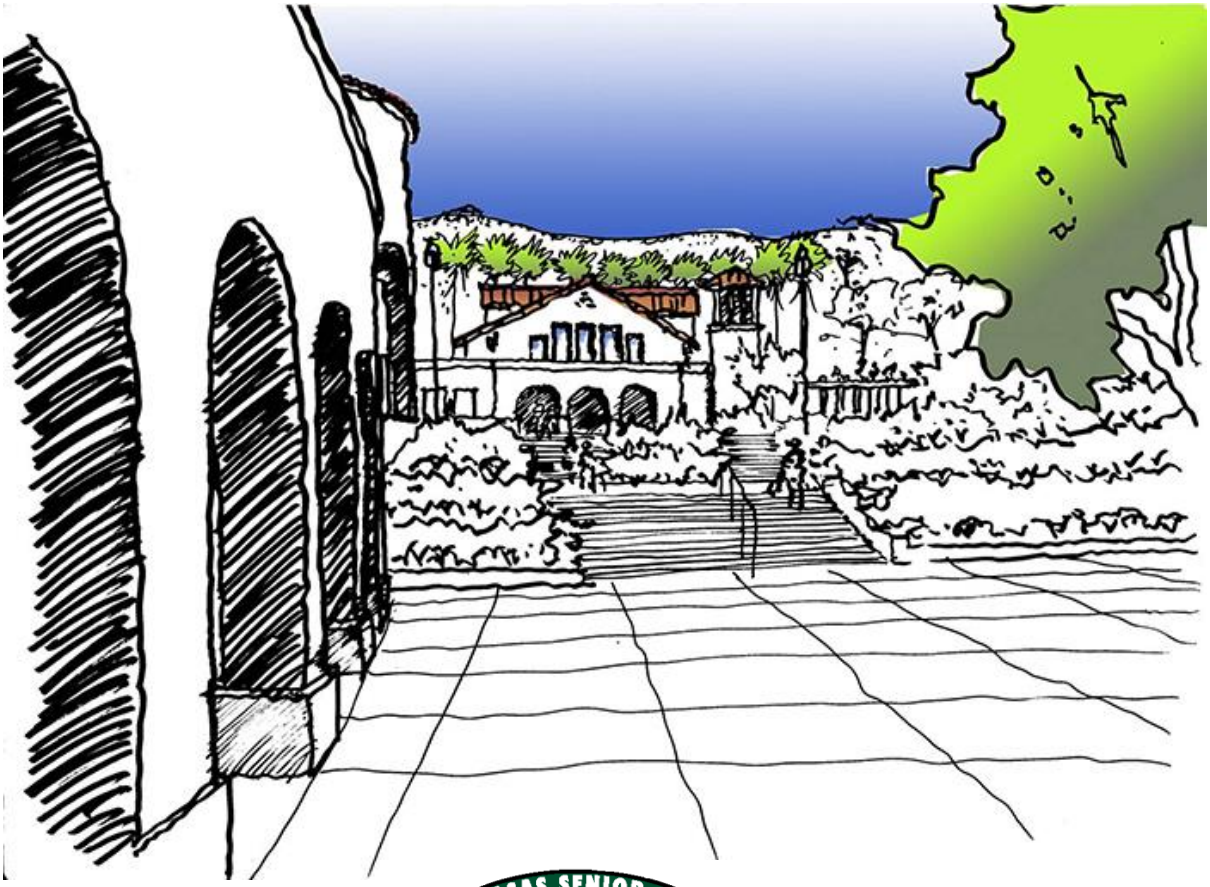
CITY of CALABASAS

Calabasas Senior Center Membership Application



(818) 224-1777

www.cityofcalabasas.com

Membership Benefits

Welcome to the Calabasas Senior Center!

We invite Calabasas Residents to join the Senior Center. For those not familiar with the Senior Center, we would like to extend an invitation to visit, meet staff and take a tour of our facility.

The Center is open to all individuals age 50+ Monday through Friday from 9:00 am to 5:00 pm, however membership is limited to Calabasas Residents. Applicants must provide two proofs of residency. Acceptable proofs of residency can be: a valid ID Card (Drivers License, CA issued Identification Card or passport), Utility Bills, most recent Property Tax Bill.

ANNUAL MEMBERSHIP FEES	MEMBERSHIP BENEFITS
Individual $136.00 Couple $168.00	• Priority Registration • Access to designated free lectures • Unlimited Access during open hours • 6 Guest Passes Per Year/ 9 for Couples • Ability to rent the facility at a reduced rate • Access to Clubs & Specialty Groups

HOURS OF OPERATION

Monday: 9:00 a.m. – 5:00 p.m.
Tuesday: 9:00 a.m. – 5:00 p.m.
Wednesday: 9:00 a.m. – 8:00 p.m.
Thursday: 9:00 a.m. – 5:00 p.m.
Friday: 9:00 a.m. – 5:00 p.m.

If you have any questions on activities or events held at the Calabasas Senior Center please email us at seniorcenterstaff@cityofcalabasas.com or call us at 818-224-1777.

CALABASAS SENIOR CENTER MEMBERSHIP AGREEMENT

Confidentiality: All of the information being requested is for our records, the information you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

PRIMARY MEMBER

FIRST NAME	LAST NAME & MIDDLE INITIAL	EMAIL
AGE	GENDER	DATE OF BIRTH (M/D/Y)
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	CELL NUMBER	

SPOUSE / SIGNIFICANT OTHER

FIRST NAME	LAST NAME & MIDDLE INITIAL	EMAIL
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	DATE OF BIRTH (M/D/Y)	CELL NUMBER

EMERGENCY CONTACT INFORMATION – OTHER THAN SPOUSE

FIRST NAME	LAST NAME & MIDDLE INITIAL	RELATIONSHIP TO YOU
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	WORK NUMBER	CELL NUMBER

PAYMENT INFORMATION

I, _____, authorize the Calabasas Senior Center to charge my credit card for the designated membership. I understand that fees may increase annually and will include CPI and processing fees. I understand that my information will be saved to file for future transactions on my account.

☐ Individual $136.00 ☐ Couple $168.00 + Processing Fees Total: $ _____

☐ Credit Card Account Number _____ Exp. Date _____/_____CVV#_____

SIGNATURE _____ DATE_____

MEMBERS' RIGHT TO CANCEL

I have read this entire membership agreement, including all pages and reverse sides, and agree to all terms and conditions contained therein. I UNDERSTAND THE ANNUAL MEMBERSHIP MUST BE TERMINATED IN WRITING AND ACCOMPANIED BY ALL MEMBERSHIP CARDS WITH ALL BALANCES PAID PRIOR TO ANNUAL RENEWAL CHARGE.

SIGNATURE _____ DATE_____

FOR STAFF USE ONLY

Effective Date: _____ **STAFF INITIALS: _____**

CALABASAS SENIOR CENTER MEMBERSHIP AGREEMENT

By submitting my membership application for processing, I certify that:

- I have received, read, understand and agree to the Membership Information.
- I have received, read, understand and agree to the Participant's Release Waiver, Assumption of Risk and Indemnity Agreement.
- I have received, read, understand and agree to the Video-Photo Release.
- I have received, read, understand and agree to the Calabasas Senior Center Code of Conduct.

Primary Member:

_____	_____	_____
Participant's Name	Participant's Signature	Date

Secondary Member (if applicable):

_____	_____	_____
Participant's Name	Participant's Signature	Date

Annual Renewal Year 1:

- I have reviewed my personal contact information and emergency contact information to ensure accuracy and have updated if necessary.
- I have received, reviewed, understand and agree to the Membership Information.
- I have received, reviewed, understand and agree to the Participant's Release Waiver, Assumption of Risk and Indemnity Agreement.
- I have received, reviewed, understand and agree to the Video-Photo Release.
- I have received, reviewed, understand and agree to the Calabasas Senior Center Code of Conduct.

_____	_____	_____
Participant's Name	Date	Participant's Signature

*If member renews via phone, staff must initial that they have provided the above information and reviewed it with the member. _____
(Staff Initials)

Annual Renewal Year 2:

- I have reviewed my personal contact information and emergency contact information to ensure accuracy and have updated if necessary.
- I have reviewed, understand and agree to the Membership Information.
- I have reviewed, understand and agree to the Participant's Release Waiver, Assumption of Risk and Indemnity Agreement.
- I have reviewed, understand and agree to the Video-Photo Release.
- I have reviewed, understand and agree to the Calabasas Senior Center Code of Conduct.

_____	_____	_____
Participant's Name	Date	Participant's Signature

*If member renews via phone, staff must initial that they have provided the above information and reviewed it with the member. _____
(Staff Initials)

MEMBERSHIP INFORMATION

I. MEMBERSHIP

A. Nature of Membership. All memberships are mere licenses which shall give the holder thereof the revocable right to use and enjoy the Senior Center facilities subject to the rules and regulations established from time to time by the City of Calabasas, as more specifically set forth in the policies and procedures manual. It is expressly agreed and understood that the holders of licenses in the form of memberships shall neither individually nor collectively have any proprietary right or interest in or access to any of the properties, assets, premises, or any other thing or matter whatsoever with respect to the Senior Center or its facilities, or the operations of the Senior Center. Memberships and membership cards are not transferable.*There will be a $10 fee for replacement of a lost or stolen membership card.

II. TYPES OF MEMBERSHIP

A. Individual Membership. This membership shall consist of one individual 50+ years old. The spouse and/or children, if applicable, shall not be entitled to the rights and privileges of this membership, but may be guests in accordance with the Rules and Regulations of the Center.

B. Couple Membership. A couple membership shall be defined as two (2) adults **living at the same residence**, over 50 years old.

III. MEMBERSHIP DUES

A. Membership Dues. The Senior Center shall, from time to time, fix the amount and terms of payment for goods, services and the use of the Senior Center's facilities by members and their guests. The Senior Center reserves the right to change the amount of the dues, given thirty (30) days written notice. The Senior Center may assess additional charges for membership status changes and returned payments. In addition to the health and fitness services which the Senior Center provides pursuant to this contract, The Senior Center may, from time to time, also provide additional services (which are specifically set forth in the Center's Rules and Regulations and/or newsletter). Those services are available to members upon request and are subject to an additional charge.

1. Return Charge. There will be a $25.00 charge for any returned checking debit or credit card decline for any reason.

IV. RULES AND REGULATIONS

A. A holder of a membership and all persons entitled to privileges, including guests, under said membership shall abide by and fully comply with Rules and Regulations which are, from time to time, adopted by the Joint Powers Authority with respect to reasonable and safe use and enjoyment of the facilities of The Senior Center.

V. TERMINATION OF MEMBERSHIP

A. Voluntary Resignation. A member who is in good standing and is current in all obligations to The Senior Center may resign at any time by completing a Membership Action Request Form at The Senior Center or by submitting written notice of resignation to the Senior Center. The member will be responsible for all the charges for services and obligations to the Center which are incurred on the member's account up to the effective date of the termination of the membership. Prior to final termination of the membership, the member must have turned in all membership cards or keytags and paid any amount owing on the member's account with the Senior Center. A membership termination is not retroactive, and a terminated member shall not be entitled to a refund of any part of the paid annual dues. **NON-USAGE OF THE CENTER AND/OR NONPAYMENT OF DUES ARE NOT METHODS OF TERMINATING A MEMBERSHIP BY A MEMBER.**

B. Involuntary Resignation. The Senior Center shall have the right, with or without cause, to revoke any membership at any

time. The membership of any member who is thirty (30) days in arrears with respect to the payment of the member's account may at the sole option of the Center management be terminated, in which case the member shall be responsible for dues and charges through the date of termination.

D. Leave of Absence Policy. Leave of absence is granted **for medical reasons only.** A member must complete the Membership Action Request Form and attach a written notice from his/her physician.

Initial(s) _____

CITY OF CALABASAS PARTICIPANT WAIVER FORM

Name of Participant

Last First Middle Initial

PARTICIPANT'S RELEASE WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees, agents, instructors and other representatives from and against any and all loss, liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation or my child's participation in any program. (The City does not provide accident, medical, liability, workers' compensation insurance or any other insurance for program participants). If signing in the capacity of a parent or guardian of a minor child, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for publicity purposes.

Communicable diseases are illnesses caused by viruses or bacteria that spread from person to person, animal to person, or from a surface or a food. These diseases can be transmitted through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. All participants in recreational activities must comply with all safety and preventative measures put in place by the City to reduce the spread of communicable diseases. Safety measures are subject to change or revision in accordance with state and local guidance.

By signing this agreement, I represent that I will adhere to all the applicable communicable diseases preventive measures required by the City of Calabasas and other applicable governments. Further, on my behalf, by signing this agreement, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected to such diseases by participating in recreational activities/training/rentals and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Further, on my behalf, I hereby release, waive, covenant not to sue, discharge, and hold harmless the City of Calabasas, its employees, agents, and representatives, of and from any such liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, and its officers, employees, agents, instructors, and representatives.

Initial(s) _____

VIDEO-PHOTO RELEASE

I understand that during the City of Calabasas program and/or activity, my photograph may be taken by the City of Calabasas, producers, sponsors, organizer, and/or assigns. I agree that my photograph, including video photography, film photography, or other reproduction of my likeness may be used without charge by the, producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.

I acknowledge that I have read the Video-Photo Release and sign it on behalf of the participant with full knowledge and understanding of its contents.

Initial(s) _____

CALABASAS SENIOR CENTER CODE OF CONDUCT

The Calabasas Senior Center is an active center for senior adults 50+ years of age and older. In order to make it a safe and enjoyable environment, all participants and visitors must follow the Calabasas Senior Center Code of Conduct. **Our goal is to guarantee that all who enter these doors have a positive experience.** Please help us meet this goal by following these guidelines:

- Take direction from City staff/supervisors.
- Be respectful of participants and program staff.
- Be able to care for oneself; must function on their own or with assistance of a caregiver, subject to ADA accommodations by the City.
- Overly persistent complaints, pestering correspondence, derogatory social media posts, or actions initiated with intent to intimidate or humiliate any player, official, coach, spectator, volunteer, participant, or City of Calabasas personnel are prohibited.
- Refrain from harassment of staff, instructors, coaches, volunteers or participants.
- Refrain from damaging equipment, supplies and facilities.
- The use of abusive, intimidating, threatening, or harassing language is not allowed.
- Derogatory statements, or those that may be interpreted as derogatory, regarding sex, race, national origin, ancestry, age, marital status, sexual orientation, religion, disability, or other classification protected by federal or state law will not be tolerated.
- Fighting, wrestling, physical abuse, challenging others to fight, pushing, shoving, striking, threatening, verbal abuse, destroying or damaging property (personal or City) and other disruptive, intimidating or harassing behaviors are prohibited.
- Alcohol, tobacco, cannabis, or illegal drugs are prohibited from any City facility or facility grounds.
    - Persons appearing to be under the influence of alcohol, cannabis, or illegal drugs or consuming tobacco will be asked to leave the program immediately.
- Weapons of any kind are not permitted on the premises.
- Lying outstretched or sleeping on the furniture or the floor is not allowed.
- Shoes and clothing appropriate to each activity must be worn at all times.
- No solicitation or sales of goods or services by an individual, participant or group are allowed (unless approved by the Director or designee in writing). Under no circumstances may individual participants ask staff or other participants for money.
- Participants who cause an unreasonably loud noise that is disturbing or annoying and interferes with the ability of City staff to perform their tasks or of members of the public to participate in activities may be asked to leave the premises.
- Bullying is not tolerated. Bullying is when one or more people exclude, tease, gossip, hit, kick, or intimidate another person with the intent to hurt or have power over that person.
- Obey all parking laws at City facilities.
- No food or beverages are allowed in carpeted areas, except bottled water. Exceptions can be made given medical or other reasonable accommodation requests as approved by City staff.

By violating any of the above, you may be asked by staff to leave the premises immediately. Violation of rules may be cause for temporary or permanent suspension from the Calabasas Senior Center. The individual may appeal the decision by submitting a written request to the Parks and Community Services Director within 10 days of the suspension or termination of participation.

Initial(s) _____

ADDITIONALLY:

The Senior Center is not responsible for the loss of personal property taken into or left at the facility. The center is not responsible for the storage of any personal belongings or providing extracurricular program supplies. The Center will maintain a Lost and Found area where items will be held for three months and then discarded.

NO pets or emotional support animals are permitted within this facility. Only certified service dogs as defined by the Americans with Disability Act are allowed. (Under the ADA, a service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability.)

Initial(s) _____

CODE OF CONDUCT AGREEMENT

Code of Conduct violation will be addressed by staff as follows:

- **1st Incident:** Senior Center staff will review the Code of Conduct with participant.
- **2nd Incident:** Counseling with and warning from the Center Coordinator and/or Supervisor. Staff will complete and submit an *Internal Incident Report*.
- **3rd Incident:** Staff will obtain approval for suspension (up to 365 days, depending on the degree of the offense) from the Community Services Director. Community Services staff will meet and review the suspension with the participant and provide a suspension letter.

In the case of extreme violence, criminal offense, etc., the police will be called and the individual(s) may be permanently banned from the Center immediately.

Initial(s) _____