



# MCSC ADULT MEMBERSHIP APPLICATION



Name \_\_\_\_\_ 2<sup>nd</sup> Family Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

MCSC may send information about MCSC programs and activities to members via e-mail. If you do not wish to receive e-mail communications from MCSC, please check the box. MCSC will not share your e-mail address with any outside party.

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you have any allergies or medical conditions that the staff should be aware of? No  Yes  If yes, please describe below:

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

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### 1. SELECT MEMBERSHIP TYPE (MCSC Memberships are valid for one (1) calendar year from evaluation dates or start of class.)

- \_\_\_\_\_ \$ 437.00 **Individual Membership** (Includes sailing and social privileges. Add \$34.52 Sales Tax.)
  - \_\_\_\_\_ \$ 731.00 **Couples Membership** (Includes sailing and social privileges. Add \$57.75 Sales Tax.)  
2<sup>nd</sup> Family Member's Name \_\_\_\_\_ Cell/Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_
  - \_\_\_\_\_ \$ 388.00 **Senior Membership** (65 years and older. Includes sailing and social privileges. Add \$30.65 Sales Tax.)
  - \_\_\_\_\_ \$ 150.00 **Associate Membership** (No Sailing, Social privileges only. Add \$11.85 Sales Tax.)
  - \_\_\_\_\_ \$ 140.00 **Youth Membership** (Includes sailing and social privileges. Add \$11.06 Sales Tax.)
  - \_\_\_\_\_ \$ 80.00 **Adapted Sailing Program Membership** (Disabled person and attendant. Add \$6.32 Sales Tax.)
  - \_\_\_\_\_ **7.9% Wisconsin Sales Tax**
- \$ \_\_\_\_\_ **MCSC MEMBERSHIP FEE WITH TAX**

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### 2. READ WAIVER AND SIGN BELOW-- MCSC Memberships are non-transferable.

I understand that any water-related recreational activity, including sailing, can be hazardous and presents certain risks. These include the risk of property damage, very serious injury, and death. By signing this Membership Application, I certify that I am able to swim 75 yards, that I am aware of and accept the inherent risks involved with sailing and am agreeing that I will not seek to hold the Milwaukee Community Sailing Center, Inc. (hereinafter referred to as "MCSC"), or any of its officers, directors, employees, volunteers or agents liable in any way for any accident or injury that occurs in connection with any activity that I participate in as a member of MCSC. My signature below certifies that I understand I am releasing MCSC, its officers, directors, employees, volunteers, and agents from any liability whatsoever whether the injuries or damages are the result of my own negligence, the negligence of another member of MCSC, or the negligence of MCSC and/or its officers, directors, employees, volunteers, or agents. I am also agreeing to fully hold harmless, defend and indemnify MCSC, its officers, directors, employees, volunteers, and agents from any claims for personal injury or property damage made against MCSC, its officers, directors, employees, volunteers, or agents based in whole or in part on my own negligent, reckless or intentional conduct or the negligent, reckless or intentional conduct of a guest of mine. I will also indemnify MCSC for the cost of replacing any equipment belonging to MCSC, if that equipment is damaged in whole or in part by my negligence or the negligence of a family member or guest of mine.

**By signing this form, I acknowledge I have read and agree to the terms of the waiver. No refunds will be made.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Family Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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### 3. REGISTER FOR MCSC COURSES & PROGRAMS

Course \_\_\_\_\_ Section \_\_\_\_\_ Fee \$ \_\_\_\_\_

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### 4. SELECT PAYMENT METHOD & TOTAL | MEMBERSHIP FEE + COURSE FEE(S) = \$ \_\_\_\_\_

Make check payable to: MCSC (Milwaukee Community Sailing Center) **OR** Charge my Credit Card:

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

3-digit code on back of card \_\_\_\_\_ Signature \_\_\_\_\_

Membership # \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_