



2016 Membership changes:

Because of the diversity in Senior Center offerings (and because we have never made our revenue numbers), the structure of membership has changed for 2016. There are now “tiers” in membership.

GOLD LEVEL MEMBERSHIP: includes ALL activities including unlimited EXERCISE and unlimited CLASSES:

\$40 for Residents/\$50 Non-residents per year; spouses are ½ price

SILVER LEVEL MEMBERSHIP: includes ALL activities EXCEPT exercise and classes:

\$30 Residents/\$40 Non-residents per year; spouse are ½ price

BRONZE LEVEL MEMBERSHIP: Library book borrowing, movie borrowing, movie watching (NOT TAXI COUPONS):

\$10 Residents/\$20 Non-residents per year; spouses are ½ price

You may change levels during the year by paying the difference between levels.

Membership dues are paid yearly and are valid January-December of that year. All membership is discounted beginning September 1st. Membership with TAXI Coupons remains full price.

The only change for current members will be for those who are in classes or in exercise classes; they will experience a \$10 increase in dues. Couples will also experience an increase to half price for the second member. I’m sure you will agree this is still an incredible bargain.

IF YOU ARE:

YOUR DUES WILL BE:

A Western Springs resident in Tai Chi, Seniorcise or any class	\$40
A non-resident in Tai Chi, Seniorcise or any class	\$50
A Western Springs resident not in any class or exercise program	\$30
A non-resident not in any class or exercise program	\$40
A Western Springs resident borrowing books/movies, attending movies	\$10
A non-resident wanting to borrow books/movies or attend movies	\$20
A Western Springs resident wanting taxi coupons (other limitations)	\$30

Please call 708-246-3299 with any questions or stop in during business hours (1-5pm, Monday and Tuesday)

Village of Western Springs 2016 SENIOR CENTER MEMBERSHIP APPLICATION

In order to better serve participants, please inform us of any accommodations needed or medical conditions that may impact the participant's enjoyment in the programs.

6-Digit	Code*	Activity Name	Registrant's Name	F/M	Birth Date	Fee*
150738	G S B	Senior Center Membership				
			<i>I'd like to volunteer? ___Yes ___No</i>			
150738	G S B	Senior Center Membership				
			<i>I'd like to volunteer? ___Yes ___No</i>			

* Fees: Resident: BRONZE: \$10, SILVER: \$30, GOLD: \$40 Non-Resident add: \$10, Spouse: 1/2 price

PARTICIPATION LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this carefully and be aware that by registering for and participating in programs you will be waiving your rights to all claims for injuries you might sustain arising out of programs and you will be required to indemnify, hold harmless and defend the Village of Western Springs for any claims arising out of participation in Recreation Department programs.

RISK OF INJURY: "As a participant in the programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with Recreation Department programs."

WAIVER OF INJURY CLAIMS: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the programs."

RELEASE FROM LIABILITY: "I do hereby fully release and discharge the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur on account of participation in the programs.:

INDEMNIFY AND DEFENSE: "I further agree to indemnify, hold harmless and defend the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the programs."

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of participation:

Name _____ E-mail _____

Please print

Signature _____ Date _____

Address _____ City/Zip _____

Home Phone _____ Emergency Phone _____

METHOD OF PAYMENT (check one):

Payment by check*/cash. Total amount enclosed \$ _____ Check # _____

*Check payable to the Western Springs Recreation Department (WS Rec Dept)

Payment by credit card - (circle one) **Visa** **MasterCard** **Discover**

Credit card number:

_____ Expiration Date ____/____

Name as it appears on credit card:

*Code/Fee explanation is below

*

G = GOLD LEVEL MEMBERSHIP includes ALL activities including unlimited EXERCISE and unlimited CLASSES:

\$40 for Residents/\$50 Non-residents per year; spouses are ½ price

S = SILVER LEVEL MEMBERSHIP: includes ALL activities EXCEPT exercise and classes:

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B = BRONZE LEVEL MEMBERSHIP: Library book borrowing, movie borrowing, movie watching (NOT TAXI COUPONS):

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