



**Frisco Athletic Center**  
**Membership Reimbursement Form**  
**Frisco ISD Employees**



**PRIMARY HOUSEHOLD CONTACT (person responsible for the account):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Frisco ISD Employee Number: \_\_\_\_\_ FISD Primary Campus: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (required):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to Primary Household Contact: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**ADDITIONAL FAMILY MEMBERS (complete only for Family Memberships):**

Name \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEMBERSHIP TYPE (please check desired pass type):**

**Annual Pass Types**

- Annual Youth \$230
- Annual Senior \$280
- Annual Adult \$350
- Annual Family \$600

**Monthly Pass Types**

- Monthly Youth \$23
- Monthly Senior \$28
- Monthly Adult \$35
- Monthly Family \$60

STAFF USE ONLY			
Date Received: _____	Employee Initials: _____		
Amount Paid: \$ _____	Check # _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card
Comment: _____			



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REFUND POLICY

Annual Membership Passes – Refund Policy

Annual Membership Passes are non-refundable, with the exception of the 30-day Opt Out Period. Individuals who choose to pay up front for 12 months save more than 15% off the monthly pass fee.

Annual Membership Passes are transferable. Annual Pass holders may transfer their pass to another individual or family. If the receiving party is classified as a non-resident, the receiving party will be required to pay the difference between the resident annual pass fee and the non-resident annual pass fee for the remaining portion of the Annual Pass.

Monthly Pass – Refund Policy

For those individuals choosing the monthly payment option, a 30-day written notice is required to discontinue their pass. The 30-day written notice is based on the payment date (1st or 15th of the month) selected by the customer upon signing up for their pass.

30-day Opt Out Period

“Founding Member” Annual Pass holders have 30 days from the Official Grand Opening date to request an annual pass refund. One month and a 20% processing fee, both based from the monthly rate, will be deducted from the annual pass refund amount at the time of refund.

Refund requests must be submitted in writing on the appropriate form provided by the Parks & Recreation Department.

Please initial indicating you have read the Refund Policy

RELEASE OF LIABILITY FORM

I, on behalf of myself and/or the individual(s) being registered, agree to allow the registrant to participate in activities directly or indirectly operated, offered, conducted and/or otherwise provided by the City of Frisco (the “City”) including, but not limited to, memberships, passes, admissions, classes, programs, special events and/or any other type of activity (hereinafter individually and collectively referred to as the “Activities”).

For and in consideration of my/our participation in the Activities, I hereby agree to release, acquit, hold harmless forever discharge and waive any and all claims that I/we may have against the City of Frisco, its Council Members, officers, agents, representatives, employees, volunteers, program directors, instructors, members, heirs, legatees, administrators, executors and assigns, in whole or in part, in both their private and public capacities, (hereinafter collectively referred to as “Releasees”).

It is further agreed that the execution of this release and acceptance of the same shall not constitute a waiver by the City of Frisco, Texas, and its Releasees, of its/their governmental immunity and/or any other defense it may have at law and/or equity, whether state and/or federal.

I further agree to indemnify and defend the Releasees if I am not authorized to sign and legally bind the registrant to the terms of this release or if the person named herein attempts to rescind this release. If any term of the release is deemed void or voidable, it shall not affect the enforceability of anything else in the release. This Release of Liability Form will be valid and in force and effect for all purposes stated herein for 12 months from the date of execution.

Parent/Legal Guardian Signature

Relationship to Participant

Date