

Harrisonville Community Center 2019 Price Guide

MEMBERSHIP TYPE	NEW ANNUAL FEE	NEW MONTHLY INSTALLMENT ¹
Family (children 4 and under are no charge)	\$599.00	\$49.92
Adult INDV	\$416.00	\$34.67
Plus 1 (can only be added onto a Family or Adult)	\$230.00 each	\$19.17
Senior INDV (60 years and older)	\$230.00	\$19.17
Senior Couple	\$410.00	\$34.17
Youth INDV (17 years and younger)	\$230.00	\$19.17
U.S. Military Family (active &/or inactive service)	\$533.00	\$44.42
U.S. Military Adult (active &/or inactive service)	\$295.00	\$24.58
Healthways SilverSneakers®**	No Fee	No Fee

¹ Continuous Monthly Installments are made through automatic bank drafts using either a credit or debit card payment or checking or savings account information only. Installment membership types do not expire and will remain active until written notification has been received.

NEW RATES Short-Term Membership Options: (30 Day & 90 Day consecutive memberships must be paid in full at time of purchase)

90 Day Individual Pass (all ages)	\$125.00
30 Day Individual Pass (all ages)	\$75.00
30 Day Family Pass	\$90.00

CORPORATE RATES AVAILABLE - INQUIRE WITHIN

DAILY ADMISSION	COST
Adult (18 years - 59 years)	\$ 9.00 each
Senior (60 years and older)	\$ 7.00 each
Youth (5 years - 17 years)	\$ 7.00 each
HCC 10-Punch Pass Card	\$60.00 each

Membership Eligibility Requirements

(Family Definition revised 8.1.2017)

Family: A maximum of two Adults with or without children (child ages 24 & under) living within the same household and able to provide proof of residency.
 *At a minimum, one Adult is required to be listed as the Primary Guardian of the household.
 *Children of an Adult member may be included in the family membership even though they do not reside permanently within the household.

Plus 1: A Plus 1 Membership is designed for an individual (ages 18 & older) that is living within the same household as the Primary account holder.
 *Plus 1 Must provide proof of residency same as the Primary account holder
 *Plus 1 is Not a standalone membership and may only be added onto an Adult or Family membership.
 *EFT must come out of one designated account only.

Senior Couple: A married couple where one spouse is at least 60 years of age or older.
 *Or two individuals that are both the age 60 that are living within the same household and are able to provide proof of residency.

****SilverSneakers®:** Must be eligible to participate in the Healthways SilverSneakers® program. Healthways SilverSneakers® membership card should be presented at time of registration.

Management reserves the right to request proof of any Eligibility Requirement

Activation
 A \$30.00 Activation fee will be applied to new or renewed membership accounts that have opted for the monthly installment plan. Please note: All monthly automatic deducted membership plans are continuous and do not expire, they will renew automatically on each anniversary date.

Cancellation
 Cancellations must be submitted in written form. In order to cancel your membership, you must contact Front Desk Staff to sign or submit a withdrawal form and pay for any outstanding balances.

No refunds will be granted for memberships that were paid for in full.

Harrisonville Community Center
2400 Jefferson Parkway, P.O. Box 367
Harrisonville, MO 64701
Phone: 816.380.8980 Fax: 816.380.8987
www.harrisonville.com/parks



MEMBERSHIP APPLICATION 2019

JAN. 2019

Today's Date: _____

Primary Member:	
Address:	
City, State & Zip:	
E-mail:	
Home Phone:	
Work Phone:	
Cell Phone:	



*Harrisonville
Parks & Recreation*

2400 Jefferson Parkway	Phone: 816.380.8980
PO Box 367	Fax: 816.380.8987
Harrisonville, MO 64701	Web: www.hpark.com

Primary Membership Type: (Please Select One)	<input type="radio"/> Family (\$599/yr) (\$49.92/monthly; continuous)	<input type="radio"/> Adult (\$416/yr) (\$34.67/monthly; continuous)	<input type="radio"/> Youth (\$230/yr) (\$19.17/monthly; continuous)	<input type="radio"/> 30 Day INDV (\$75/ea.)	<input type="radio"/> 30 Day FAM (\$90/ea.)
	<input type="radio"/> Senior (\$230/yr) (\$19.17/monthly; continuous)	<input type="radio"/> Senior Couple (\$410/yr) (\$34.17/monthly; continuous)	<input type="radio"/> 90 Day Pass (\$125/ea.)		

*monthly automatic installment paid memberships are continuous and therefore do not expire

Secondary Membership Type:	<input type="radio"/> PLUS 1 (\$230/each/year, Available with purchase of Family or Adult Membership Only)** (\$19.17/monthly; continuous)
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MEMBER INFORMATION:

	Printed Member Name	Date of Birth	Relationship to Primary	Membership Type
Primary Member				
Secondary Cardholder				
Additional Cardholder				
Additional Cardholder				
Additional Cardholder				
Additional Cardholder				
Additional Cardholder				

Membership Activation Fee: *Activation Fee Applies To Monthly Installment MembershipTypes Only

Monthly Amount:

Total Amount Due Today:

Date Membership is to take effect:

I understand and attest that the information on this application is true and correct. **I understand that all monthly installment paid memberships are CONTINUOUS and will not expire. I understand that membership cancellations and changes must be submitted in writing.** I understand a parent or guardian must sign for children under the age of 18. I understand that a family membership is defined as indicated in the price guide established by the Harrisonville Park Board. I understand that any family member over the age of 18 must provide proof of residency. **PLUS 1 Memberships** are not stand alone memberships and **must** be purchased through a Primary Adult or Family Account Holder. **Exclusions:** Selected areas of the building may be closed for maintenance or repair throughout the year. Compensation to membership will not be granted when this occurs. I adhere to all Rules & Regulations of the Harrisonville Community Center as set forth by the Park Board.

*Member or Parent Signature: _____ Date: _____

**(If under 18, a parent or legal guardian must sign & date)*

Primary Account Holder's Signature: _____ Date: _____