



# Sun City CIVIC ASSOCIATION

## OWNER/MEMBER REGISTRATION FORM

DATE: \_\_\_\_\_

SCCA PROPERTY ADDRESS: \_\_\_\_\_ Account # \_\_\_\_\_

OWNER NAME(S): \_\_\_\_\_

Home or Cell No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list the names of all occupants of the home in the space below. Proof of residency and Age Verification Form must be presented or on file.**

NAME (PLEASE PRINT)	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/we acknowledge and agree on behalf of myself, my family and our guests for whom we are responsible that the use of the Sun City Civic Association (SCCA) facilities operated by the SCCA, including but not limited to: pools, spa, exercise room, lapidary, wood shop, ceramics, art room, historical room, billiards, horseshoes, shuffleboard, lawn bowling, amphitheater, Civic Hall, North Town Hall, Webb Hall involve potential risk of serious injury to person undertaking these activities or using these facilities. I/we fully understand that athletic activity or use of machinery by its very nature can be hazardous and may lead to injury to me or damage by personal belongings.

I/we understand that by signing this form I, my family, and our guests for whom we are responsible, agree to assume the inherent risks of potential injury to which I am voluntarily exposing myself and my family by participating in athletic and recreational activities on the property of SCCA. Additionally I/we acknowledge receiving and reading the Rules & Regulations for the SCCA.

On behalf of myself, my family, and our guests for whom we are responsible, I/we release from liability and hold harmless the SCCA as a result of such activities and waive any claims that I or my family may otherwise have of acquire against the SCCA, its officers and directors, agents or employees for injury

occurring to me, my family, guests or personal belongings as a result of any use of the SCCA facilities, grounds and activities of the SCCA generally located at 26850 Sun City Blvd. in Sun City.

On this date I/we have received photo activity cards for members of the residence over the age of 55. I/we understand that the cost for cards will be: First 2 cards free per home if old cards presented, additional 3<sup>rd</sup> card will be \$75.00 each, additional 4<sup>th</sup> card will be \$100.00 each, additional or lost cards will be \$100.00 each and if not returned upon the sale/transfer of the home, each outstanding card will be charged at a rate of \$100.00 per card. These charges may be added during escrow.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
------------------------

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Age Verification Form: \_\_\_\_\_ Copy of Valid ID: \_\_\_\_\_ Proof of Residency: \_\_\_\_\_

Qualified Resident/Caregiver/Physician Certificate Form: \_\_\_\_\_

Cards #: Resident #1: \_\_\_\_\_ Resident #2: \_\_\_\_\_  
Resident #3: \$75.00 \_\_\_\_\_ Resident #4: \$100.00 \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_