Sun City
CIVIC ASSOCIATION

OWNER/MEMBER REGISTRATION FORM

If you rent your home, please use the Tenant Registration and Assignment of Use Privileges Form instead of this form and note that the tenant must bring in a copy of the lease or rental agreement with the 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 persons 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 or damage.

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 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, my family and/or my guests may otherwise have or acquire against the SCCA, its officers and directors, agents or employees for injury or damage 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 3rd card will be $75.00 each, additional 4th 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: _____

OFFICE USE ONLY

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: _____