



2012 Township Recreation Center Program Application

The 2012 Township Recreation Center Program will pay up to half of the membership fee for eligible recreation centers (see below), with a **2012 benefit of up to \$250 per Township household**. To apply, you must reside in Twinsburg Township and complete the application at Township Hall during normal business hours prior to registering at the eligible center. Once your completed application has been processed, a check will issued by the Township, made payable to the center. Once the Township check is available, you will take it to the center at the time you register at the center. The 2012 Program benefit applies to the membership fee only, and any additional activity and registration fees will not be covered by the Program and will be the resident's responsibility.

1. Resident Name: _____

2. Resident Address: _____

(You will need to present proof of Township residency with two forms of identification (e.g., driver's license, voter registration card, and utility bill).

3. Length of time you've resided at this address: _____

4. Resident Phone Number: _____

5. Resident E-mail address: _____

6. Eligible Recreation Center Choices – *please check only one center per application:*

LaTuchie Tennis Center – Stow

LifeCenter Plus – Hudson

Macedonia Recreation Center

Powerhouse Gym – Twinsburg*:

(*Please note: Powerhouse Gym may offer membership lengths for more than one year.)

Redwood Swim Club: (Summer Membership Only)

Summa Wellness Institute – Hudson

Twinsburg Fitness Center

Western Reserve Racquet & Fitness Club – Streetsboro

7. Membership Type Choice – *please designate membership type (individual, family, senior, non prime time) and length (annual, 1 month, 3 months or 6 months) based upon current schedules:*

Membership Type: _____

Length of Membership: _____

8. Twinsburg Township Recreation Center Program Policies and Procedures

Note: You must be able to check all boxes.

- Blockout Period: I understand that Township checks for applications submitted between January 1 and January 20 are issued in late January.
- Duplication: Although I may apply for multiple center memberships in the same calendar year, I understand that not more than one Township check will be issued to the same center in the same calendar year for my household, except where not exceeding my unused household benefit for such year and one or more of the following events occurs:
 - (a) Expiration/Renewal: The membership term covered by the prior Township check is expiring or has already expired, and this application covers renewal costs only;
 - (b) Different Person: This application is for a different household member than the membership covered by the prior Township check; and/or
 - (c) Category Change: This application is for a membership category change that includes an increase in cost, and this application includes only the increased cost amount.
- Timely Use: I agree that the Township check issued for the membership covered by this application will be properly cashed or returned to the Township within 90 days of the Township check date OR pay the Township a stop payment fee of \$50.00.
- Obligation to Pay: As a condition of accepting the Township check issued for the membership covered by this application, I agree to pay my portion of the fee covered by this application OR reimburse the Township for the full amount of the Township check.
- Refunds: I agree to reimburse the Township an amount equal to 50% of any full or partial refund of fees paid for the membership covered by this application, up to and including the amount of the Township check, within 30 days of receiving such refund.
- Relocation: I certify that I will actively reside at this property during the membership term covered by this application and that, if I relocate out of the Township during such membership term, I will seek a refund of any fees associated with the unused portion of such term and repay the Township as outlined under Refunds, above.
- Lien: I understand that any amount not paid to the Township within 30 days of receiving notice thereof from the Township shall result in Township action to enter such amount upon the tax duplicate and place a lien upon the property listed in this application, which amount shall be collected as other taxes and returned to the Township according to law.

It is my understanding that Twinsburg Township will make a thorough investigation of all information provided in connection with this Application. I authorize Twinsburg Township to verify any information contained in this application and/or to obtain additional information as is necessary in order to process my application. I hereby release Twinsburg Township, its agents and/or assigns from any liability associated with the processing of my application.

I certify that, to the best of my knowledge and belief, the information given within this Application is true and correct.

I further, forever, and completely, hold harmless and release Twinsburg Township, its officers, agents, and employees from all liability, claims, demands, damages, actions, and causes of action whatsoever which I might otherwise have or enjoy as a result of Twinsburg Township providing the Program for which I have applied.

I further understand that the Recreation Center Program may be discontinued at any time by Twinsburg Township and that there shall be no liability or claims arising to Twinsburg Township as a result of the discontinuance of such Program. I have received, read and will comply with the Policies and Procedures governing this Program. Additionally, I will comply with all applicable federal and local requirements, policies, and administrative procedures.

WARNING

Ohio law, including but not limited to Ohio Revised Code Section 2921.13 Falsification, makes it a criminal offense to make willful false statements or misrepresentations to the public officials administering this Program. Falsification is a Misdemeanor of the First Degree punishable by up to 180 days in jail and a fine of \$1,000.

I attest that I meet all of the criteria stated and have attached the applicable information:

Signature: _____ **Printed Name:** _____

Address: _____

Telephone: _____ **Cell Phone:** _____

Township Official Signature: _____ **Title:** _____

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Please allow seven (7) business days from date of application for payment processing.

The Fiscal Officer reserves the right to reject applications if Program requirements are not met.

Administrative Use Only – to be completed by Twinsburg Township:

Date _____ Amount paid _____

Date _____ Amount paid _____

Date _____ Amount paid _____