



Round Rock Parks and Recreation Department

Allen R Baca Center

New Membership Form

301 W. Bagdad, Building 2, Round Rock, Texas 78664

(512) 218-5499 | www.BacaCenter.com

Membership Types and Fees Type	New Member <input type="checkbox"/> Walk-in <input type="checkbox"/> Trial <input type="checkbox"/>		
	Annually	Monthly	Walk-In
50 & over (no weight room or group exercise included)	30.00	4.50	1.00
50 & over (Baca weight room & group exercise included)	60.00	9.00	3.00
50 & over—CMRC & Baca Facilities	110.00	N/A	N/A
50 & over- CMRC & Baca Combo for Couples	185.00	N/A	N/A
Ages 21-49—Baca weight room only	80.00	12.00	5.00
Ages 21-49—CMRC & Baca weight room only	160.00	N/A	N/A

Name: _____ (/ /) **M or F**
First Middle Initial Last (Date of Birth)

Address: _____
House # Street Apt. # City State Zip

Phone Numbers: _____
Home Work Cell

Email Address: _____

We respect your privacy. By giving us your email address we may send you registration confirmation and receipts of transactions. Email addresses also give you the ability to use our online registration system.

Emergency Contact: _____ **Phone Number:** _____ **Relationship:** _____

Alternate Contact: _____ **Phone Number:** _____ **Relationship:** _____

Health Information/Medical Conditions we should be aware of: _____

I hereby acknowledge that this information is true and correct. I recognize that I am participating at my own risk to injury, and neither the City of Round Rock Parks and Recreation Department, nor its affiliates carry insurance to cover me or my immediate family. Insurance is the responsibility of the individual participant. This registration verifies that my health is acceptable to participate in Parks and Recreation Department facilities, activities and trips, and that I do not hold the City of Round Rock Parks and Recreation Department or its employees responsible for accident or injury. Also, I understand that due to scheduled programs and activities, access may be limited to components of the facility, which house these programs or activities. **There will be a \$25 administrative fee deducted from all refunds.**

Member's Signature: _____ **Date:** _____

For Office Use Only			
Today's Date:	Membership Type:		
Payment Amount:	Form of Payment: Cash	Check # _____	Credit Card
Baca Employee Initials:			