



VACATION HOME MEMBERSHIP

This form is for homeowner occupants only. Valid for one year or 360 total combined uses with no change in members validated for that period. Call 623-879-3011 to schedule a membership appointment.

HEAD OF HOUSEHOLD INFORMATION

First Name:		Last Name:	
Birthdate:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone:	Work Phone:	Other Phone:	
Anthem Home Address:			
Mailing Address (If Different):			
Email Address:			

OTHER FAMILY MEMBERS VISITING ABOVE ADDRESS

First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	
First Name:		Last Name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:	

ACKNOWLEDGMENT – MUST BE SIGNED TO ACTIVATE MEMBERSHIP

In an effort to promote a friendly, safe and healthy environment for all patrons, the ACC Community Center requires all users to adhere to the following policies as part of their membership agreement (initials are required for anyone 18 years and older):

- Residents must accompany guests at all times. Guest fees: \$7/day; 10-visit Punch Pass: \$50; Children 6 and younger: Free.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- Children under the age of 10, who are not registered in an ACC Community Center program, must be accompanied by an adult at all times when using the Community Center. They must not be left alone in the Community Center lobby or other areas.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____

- Children 13 and under must be accompanied by an adult at all times while in ACC pools or water park areas.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- Children 13 and under are not permitted in the fitness equipment area. If accompanied by an adult, children 12-13 can use fitness equipment after taking a fitness equipment orientation class.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- Pets must be on a leash at all times while visiting ACC property. Owners must pick up after pets.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- Avoid dropping dumbbells and weights; re-rack all equipment after use and wipe it down with a clean towel.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- No solicitation of any kind is permitted on Anthem Community Council property, unless authorized by management for a special occasion.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- No alcohol or smoking is permitted in the ACC Community Center or Community Park.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- Abusive language, fighting or any other unbecoming behavior toward staff and/or other members may result in sanctions, which may include suspension of facility privileges.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- Plastic or rubber swim pants are required in our pool for any incontinent person. Reusable protective swim pants are available at the front desk for purchase.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- While ACC staff does its best to aid and accommodate all residents, if a misunderstanding or disagreement occurs, residents should direct their concern to the Community Center Director or Manager-on-Duty.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____
- This is not necessarily an exhaustive list of all policies, procedures and rules associated with the Community Center. In receiving a membership to Anthem community amenities, you are agreeing to have read, understood and adhere to all policies and procedures established by the Anthem Community Council. Failure to follow the policies, procedures and guidelines may jeopardize membership privileges of utilizing the amenities.
Please initial: _____ Initial: _____ Initial: _____ Initial: _____

FULL SIGNATURE IS REQUIRED FOR ALL INDIVIDUALS 18 YEARS AND OLDER. SEE NEXT PAGE.

I understand use of the Anthem Community Council recreational facilities and services, including, but not limited to, the Anthem Community Center, water park and Community Park, naturally involves the risk of injury. By signing this document and/or participating in the use of such facilities and services, I understand and voluntarily accept the risk and agree that Del Webb Corporation, Anthem Community Council, Anthem Arizona, L.L.C., all affiliates and their respective shareholders, members, directors, officers, employees, agents and contractors (collectively "Anthem") will not be liable for any injury, including without limitation, personal, bodily or mental, economic loss or any damage to me, any relative or guest resulting from negligence or other acts of anyone using the facilities except to the extent directly resulting from the gross negligence or willful misconduct of Facilities Operator or its employees. If there is any claim by anyone based on any injury, loss or damage described herein, which involves me, I agree to (1) defend Anthem against such claims and pay Anthem for all expenses relating to claim and (2) indemnify Anthem for all liabilities to me, my spouse, unborn child, or relatives or anyone else resulting from such claims. Further, I represent that I am in good physical condition and have no medical impairment or reason that prevents my intended use of Anthem's facilities and services. I know that Anthem did not and cannot give any medical advice. I will discuss with my doctor any health or medical concerns that I have now or after I join before using the Anthem facilities and services.

PRINT NAME: _____ DATE: _____	PRINT NAME: _____ DATE: _____
SIGNATURE: _____	SIGNATURE: _____
PRINT NAME: _____ DATE: _____	PRINT NAME: _____ DATE: _____
SIGNATURE: _____	SIGNATURE: _____
PRINT NAME: _____ DATE: _____	PRINT NAME: _____ DATE: _____
SIGNATURE: _____	SIGNATURE: _____
PRINT NAME: _____ DATE: _____	PRINT NAME: _____ DATE: _____
SIGNATURE: _____	SIGNATURE: _____
PRINT NAME: _____ DATE: _____	PRINT NAME: _____ DATE: _____
SIGNATURE: _____	SIGNATURE: _____

Staff Use Only:

Received By: _____ Date Received: _____
 Caliber Closing papers Expire previous residents at address

All information provided is for the sole use of the Anthem Community Council, not for sale or public distribution.