



1050 West Wekiwa Road ~ Sand Springs, OK 74063 ~ (918) 246-2661

**Case Card Application**

**Form "C"**

All patron(s) aged 10 or older wishing to access the gymnasium, walking track or the dance/aerobic room for recreational activities will be required to purchase a CASE Card annually. This Card will also allow patrons to "checkout" equipment at the front desk. Each Patron must possess **their** card while in the Center as they may be spot checked for possession of the CASE Card. City of Sand Springs Resident/Employee proof must be shown during the time of application to receive 1 FREE Card. Please bring your water/trash utility bill for verification of residence. Please bring your COSS Employee Card for verification of employment. You will also be asked to present a form of ID for verification of information on the application.

**Primary Member**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: [ ] FEMALE [ ] MALE

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

**\*EMAIL:** \_\_\_\_\_

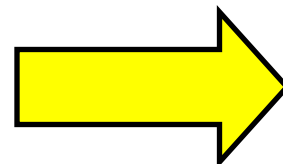
**\*If you would like to be contacted about facility events/classes/announcements, please include your email address.**

Do you have any serious medical conditions you would like us to know about?

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**Use reverse side for additional memberships**



**Additional Family Member(s)** (if applicable)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER:     FEMALE                       MALE

Do you have any serious medical conditions you would like us to know about?

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**Additional Family Member(s)** (if applicable)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER:     FEMALE                       MALE

Do you have any serious medical conditions you would like us to know about?

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**Additional Family Member(s)** (if applicable)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER:     FEMALE                       MALE

Do you have any serious medical conditions you would like us to know about?

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**Additional Family Member(s)** (if applicable)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER:     FEMALE                       MALE

Do you have any serious medical conditions you would like us to know about?

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**All Members listed on this sheet must sign this section.**

I will agree to obey all the rules/regulations/policies set forth by the City of Sand Springs. I understand that if I disobey any of the rules outlined in the Case Community Center Policy Handbook, I may be dismissed from the facility for a short/long-term period. If primary member is aged 10-18, please have parent/guardian sign below also.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_