

Rancho Calaveras Clubhouse

3995 S. Hwy 26 Valley Springs CA 95252 (209)772-1355 rcpoa2@gmail.com

2026 MEMBERSHIP APPLICATION

**Annual Membership Fee: \$200.00 pertains to a household of 8 or less.
Additional household members are available for \$25.00 per person.
Membership fee is non-refundable and non-transferable.**

There will be a \$25 Fee for Lapsed Membership

OFFICE USE ONLY: Additional Fees: ____ Volunteer: ____ Propane: ____ W/A: ____ Reg: ____ Payment Type: ____

Received By: _____ Date: ____ / ____ / ____ Membership #: _____

PRIMARY APPLICANT (The Primary name that appears on Membership)

Full Name (please print clearly): _____ Date of Birth: ____ / ____ / ____

Cell Phone: _____ Home Phone: _____

Other Phone: _____ Occupation: _____

Email (Required, please print clearly): _____

SECONDARY APPLICANT (If Applicable)

Full Name (please print clearly): _____ Date of Birth: ____ / ____ / ____

Cell Phone: _____ Home Phone: _____

Other Phone: _____ Occupation: _____

Email (Required, please print clearly): _____

RESIDENT ADDRESS:

Street: _____

City: _____ ZIP: _____

Mailing Address (if different): Street/Box: _____ City: _____ ZIP: _____

Do You live in the Rancho Calaveras Subdivision ☐ Yes ☐ No

Are you the Homeowner/Buyer for this address? ☐ Yes ☐ No

** (Your answer is Required so that the staff can determine if member has voting rights to the Association)

Number of people residing in home: Adults: _____ Children: _____

How did you learn about RCPOA? _____

NAME OF CHILDREN RESIDING IN THE HOUSEHOLD

(6 Children Max each additional child is \$25 annually)

3. _____ DOB: _____ AGE: _____ Relationship _____
4. _____ DOB: _____ AGE: _____ Relationship _____
5. _____ DOB: _____ AGE: _____ Relationship _____
6. _____ DOB: _____ AGE: _____ Relationship _____
7. _____ DOB: _____ AGE: _____ Relationship _____
8. _____ DOB: _____ AGE: _____ Relationship _____

RENEWAL NOTIFICATION PREFERENCE

The annual renewal notices will be sent via email. Please sign here if you prefer to receive notification via U.S. Postal Service: Signature: _____

VOLUNTEERING

Would you be available to represent RCPOA at events? ☐ Yes ☐ No

Would you be interested in volunteering at the clubhouse? ☐ Yes ☐ No

If you are a business owner do you have a service or discount you are able to offer other members of the Rancho Clubhouse?

Company Name: _____

Services Offered: _____

Discount Details: _____

GROUP PARTICIPATION

VanUnen offers a Discount on Propane. Would you like to participate? ☐ Yes ☐ No

Are you interested in participating in **Water Aerobics? (adults only)** ☐ Yes ☐ No

Note: Propane users must renew their membership prior to the expiration date, or discount will be revoked.

TERMS & CONDITIONS SUMMARY

- Membership valid for one year from payment date.
- Annual membership fee: \$200.00
(Bi-Annual options available).
- Membership is non-refundable.
- Payment plans must remain current to maintain privileges.
- Past due accounts subject to late fees and penalties.
- Full rules (Clubhouse, Guest, Pool, Pond) are attached.

GUESTS:

- Guest fees are \$5 per person
- Primary or Secondary Members must be present with their guests
- Primary or Secondary Members are the only family members allowed to bring guests
- Guest limit is 16 per day
- Guest must complete a Waiver form, and a Primary or Secondary Member must sign it.
- The Primary Member or Secondary member is responsible and liable for their guest.

AGREEMENT

I have read, understand, and agree to the RCPOA Membership Terms and Conditions.

I certify that all information provided is accurate.

Primary Signature: _____

Print Name: _____

Date: _____ / _____ / _____

Secondary Signature: _____

Print Name: _____

Date: _____ / _____ / _____

Staff Signature: _____

Date: _____ / _____ / _____

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POOL AND CLUBHOUSE RELEASE OF LIABILITY WAIVER

This Waiver and Release of Liability (the "Agreement") is between Rancho Calaveras Clubhouse ("Releasee") and the undersigned participant (Releasor)

Name of Member: _____

I understand that using the swimming pool, pool deck, clubhouse, and surrounding amenities ("Facility") involves inherent risks, including but not limited to:

- Physical Injury: Slipping, tripping, or falling on wet surfaces.
- Water Risks: Drowning, near-drowning, or injuries from diving, swimming, or horseplay.
- Illness: Contracting diseases or illnesses from shared water or surfaces.
- Equipment Failure: Malfunction of furniture or pool equipment.
- Property Damage: Loss or damage to personal items brought into the clubhouse or pool area.
- Water Aerobics Participant affirm that your general health is good and that you will not be adversely affected by the exercise you undertake. If you are under the care of a Physician, you affirmatively state that I have received my physician's permission to participate in the RC Clubhouse Water Aerobics program.

I voluntarily, on my own behalf and on behalf my children/dependents, whom I have listed as household members, assume all risks of personal injury, death, or property damage associated with using the Facilities, even if arising from the negligence of the Releasee.

I hereby release, waive and discharge Rancho Calaveras Clubhouse, its board members, officers, agents, and employees from any and all liability, claims, or causes of action for any loss, damage or injury (including death) arising out of or related to my use of the pool and clubhouse, **INCLUDING CLAIMS BASED ON THE NEGLIGENCE OF THE RELEASEE.**

I agree to hold harmless and indemnify Rancho Calaveras Clubhouse from any and all liability for personal injury or property damage to any third party (Including my guests) resulting from my, or my guests', use of the pool or clubhouse.

In the event of an injury, I authorize the Releasee to secure emergency medical treatment. I agree to be Soley responsible for all costs associated with such treatment.

This Agreement shall be governed by and construed in accordance with the laws of the State of California.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

Member Signature: _____ Date: ____/____/____