

**Consolidated High School District 230
COMMUNITY FITNESS CENTER MEMBERSHIP APPLICATION**

MEMBER INFORMATION:

Name _____ Date _____ of Birth ____ / ____ / ____ Home Phone _____
 Address _____ City _____ Zip _____

IN CASE OF EMERGENCY:

Name _____ Phone _____

MEMBERSHIP: *Must be 18 years or older to qualify for membership* _____ 1st Time Member _____ Renewal _____

	3-Month Fee	6-Month Fee	Annual Fee
Individual Adult (18+)	\$30.00	\$50.00	\$90.00
Additional Adult (same address)	\$20.00	\$40.00	\$80.00
Senior Citizen (55+)	\$20.00	\$40.00	\$80.00
College Student (with ID)	\$20.00	\$40.00	\$80.00

COMMUNITY FITNESS CENTER - REGISTRATION POLICY & REQUIREMENTS

Membership Requirements:

- **One current form of Picture I.D. (Driver's License, State I.D. Card, Student I.D., etc.) and Fitness Center Membership Card**
- **Must reside within the attendance boundaries of Consolidated High School District 230**
- **Membership is limited to the person registered.**
- **Membership is Non-Refundable and Non-Transferable**
- **Fitness Orientation is suggested prior to use of equipment.**
- **Failure to abide with the rules and regulations may result in sanctions and possible forfeiture of Membership and Member Privileges without refund.**

Payment must be made by check: Check # _____ Total Fee Collected: \$ _____

Cashier's Initials _____

WARNING OF RISK

Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair climbers, treadmills, and other training devices, despite careful and proper preparation, instruction and medical advice, conditioning, and equipment, pose a substantial risk of injury. You are responsible for determining if you are physically fit for these activities. It is advisable to consult a physician before undertaking a physical exercise program.

DISTRICT 230 WAIVER POLICY AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against School District 230 and the Community Fitness Center and its officers, agents, servants and employees. I do hereby fully release and discharge the School /district and Fitness Center and its officers, agents, servants and employees from and all claims resulting from injuries (including death), damages and losses sustained by me arising out of, connected with or in any way associated with the activities of the program. In any event of any emergency, I authorize the School District and Fitness Center officials to secure from any licensed hospital, physicians, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above risk warnings of the program, Waiver and Release of All Claims and Permission to Secure Treatment.

Participant's Name _____ Participant's Signature _____

Date _____

REVISED: December 2004