



Community Park Fitness

Date: ____/____/____

MEMBERSHIP APPLICATION

Contact Information (Please print):

Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip Code: _____
 Phone Number: Home () _____ Work () _____ Ext. _____
 Email: _____
 Birth date (required): _____

Purchasing a Family Pass? Please complete the following with each family member on the membership:

Name: _____ Birth date: _____
 Name: _____ Birth date: _____
 Name: _____ Birth date: _____
 Name: _____ Birth date: _____
 Name: _____ Birth date: _____
 Name: _____ Birth date: _____

Membership Type (circle one):

Membership Term (circle one):

Individual	1-Month - \$35	3-Month - \$90	Yr in Full - \$240	Continuous* - \$20/mo.
Couple (2-person Family)	1-Month - \$55	3-Month - \$135	Yr in Full - \$360	Continuous* - \$30/mo.
3-person Family	1-Month - \$70	3-Month - \$165	Yr in Full - \$420	Continuous* - \$35/mo.
4-person Family	1-Month - \$85	3-Month - \$195	Yr in Full - \$480	Continuous* - \$40/mo.
5- person Family	1-Month - \$100	3-Month - \$225	Yr in Full - \$540	Continuous* - \$45/mo.
Active Adult (50+)	1-Month - \$25	3-Month - \$60	Yr in Full - \$180	Continuous* - \$15/mo.
Student	1-Month - \$30	3-Month - \$75	Yr in Full - \$195	Continuous* - \$16.25/mo.

*By choosing the **continuous membership** option, I authorize direct charges to my (check one):
 VISA ___ Master Card ___ Discover ___ or American Express ___ or direct debit from my checking account. Payment will be charged/withdrawn the first of each month **until I cancel**. I understand that if I choose to cancel this request, I must notify a member of Community Park Fitness staff before the fifteenth of the previous month in order to cancel. I also understand that **I may not cancel until after the first full year of membership**.

Signature: _____ Date: _____

***** OFFICE USE ONLY *****

Card #: _____ Exp. Date: _____
 Bank Name: _____ Transit #: _____ Account #: _____
 Fee: _____ Discounts Applied: _____
Amount Charged: _____ **Attendant Initials:** _____

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s).

I have read and fully understand the above program details and waiver and release of all claims.

Signature: _____ Date: _____