



SOUTH MILWAUKEE FITNESS CENTER

DATE: _____

901 15TH Avenue Door #24

www.smfitness.org

South Milwaukee, WI 53172

TRACK ACCESS FORM

(Driver's License to verify) _____ RESIDENT _____ NON-RESIDENT _____

Silver Sneakers Member _____ (see additional application)

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME / CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Residents are free after a one-time \$5 card fee

Non-Residents pay a \$25 annual user fee (card included)

Replacement cards are \$5

HOURS OF OPERATION		
Monday – Thursday	5:35 AM – 7:45 PM	Friday 5:35 AM – 6:45 PM Sat – Sun 700 AM – 2:45 PM

I understand that the School District of South Milwaukee will NOT be held liable to any user for claims, demands, injuries, damages, or actions arising due to the use of the track and facilities in general.

Track User Signature _____ Date _____