

STUDENT

FITNESS CENTER APPLICATION



NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ PHONE _____

First and Last Name	DOB	Membership Type	Cost
		SM Student (12 months)	\$40
		JOINERS FEE (waived)	
		CHECK ID	
		Non SM Student (12 months)	\$80
		JOINERS FEE (waived)	
		CHECK ID	

ADULTS SIGN BELOW

LIABILITY WAIVER: All participants are required to sign the following release-Parents or Guardians must sign for Minors. I / We the undersigned, do hereby agree to allow the above name(s) to participate in activity. I / We are aware there may be potential risks inherent with participation in any recreation activity and the South Milwaukee Fitness Center does not provide accident insurance. I / We assume all risks and hazards incidental to such participation including the transportation to and from activities and do hereby waive, release, absolve, indemnity and agree to hold harmless the South Milwaukee Fitness Center officers, staff and other persons from any and all claims, injuries, liabilities, damages or right of action directly or indirectly arising out of use of South Milwaukee Fitness Center facilities, equipment and / or participation in South Milwaukee Fitness Center activities. In the event of an emergency, I authorize the South Milwaukee Fitness Center to obtain medical treatment for myself or son/daughter.

SIGNATURE _____ SIGNATURE _____

OFFICE USE ONLY

DATE ACCEPTED _____ DATE PROCESSED _____ PAYMENT METHOD _____ CHECK# _____

TOTAL COST _____ TOTAL PAID _____ STAFF (print name) _____

"Improving Lives Through Exercise"