



### Fitness Center Member Agreement Form

<b>Primary Member Name</b>	<b>Home Phone</b>	<b>Birth Date</b>	<b>Gender</b> (Circle One) M  F	<b>Interests (circle all that apply)</b> Weight Loss      Basketball Volleyball      Group Exercise Personal Training      Climbing Wall Martial Arts      Child Center	<b>Emergency Contact Name</b>  <b>Phone</b>
	<b>Alternate #</b>	<i>Member must be at least 14 years of age</i>			
<b>Address</b>	<b>City, State, Zip Code</b>			<b>How did you hear about us?</b> <input type="checkbox"/> newspaper <input type="checkbox"/> brochure <input type="checkbox"/> radio <input type="checkbox"/> friend <input type="checkbox"/> website <input type="checkbox"/> _____	<b>Email Address</b>  <i>I understand that I may receive occasional emails from the Waukegan Park District</i>
<b>Additional Member Name(s)</b>	<b>Status</b> (Circle One) Plus one  Student	<b>Birth Date</b>	<b>Gender</b> (Circle One) M  F	<b>Interests (circle all that apply)</b> Weight Loss      Basketball Volleyball      Group Exercise Personal Training      Climbing Wall Martial Arts      Child Center	<b>Emergency Contact Name</b>  <b>Phone</b>
	Plus one		M	Weight Loss      Basketball Volleyball      Group Exercise Personal Training      Climbing Wall Martial Arts      Child Center	<b>Name</b>
	Student		F	Weight Loss      Basketball Volleyball      Group Exercise Personal Training      Climbing Wall Martial Arts      Child Center	<b>Phone</b>
	Plus one		M	Weight Loss      Basketball Volleyball      Group Exercise Personal Training      Climbing Wall Martial Arts      Child Center	<b>Name</b>
	Student		F	Weight Loss      Basketball Volleyball      Group Exercise Personal Training      Climbing Wall Martial Arts      Child Center	<b>Phone</b>
	Plus one		M	Weight Loss      Basketball Volleyball      Group Exercise Personal Training      Climbing Wall Martial Arts      Child Center	<b>Name</b>
	Student		F	Weight Loss      Basketball Volleyball      Group Exercise Personal Training      Climbing Wall Martial Arts      Child Center	<b>Phone</b>

**Bank Draft/ Credit Card Payment Agreement**

I understand my bank draft/credit card **membership payment is continuous until I complete and return a cancellation form and any unpaid balances.** I agree to abide by the cancellation procedure. I will be billed any amount due. My membership may be terminated if a payment is uncollected, my accounts are closed without notification, I stop payment on my draft, or I revoke authorizations. Any penalty imposed by my bank or by the Waukegan Park District for uncollected drafts is my responsibility.

I have read and understand the above continuous bank draft/credit card agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

**Payment Information**

Member Rate:            \$ \_\_\_\_\_  
 Plus One Rate:         \$ \_\_\_\_\_  
 Students: \_\_\_\_ x \$ \_\_\_\_ =    \$ \_\_\_\_\_

**Method of Payment:**

Draft:      ( ) VISA    ( ) MasterCard    ( ) Discover    ( ) Check # \_\_\_\_\_  
 Pay in Full: ( ) VISA    ( ) MasterCard    ( ) Discover    ( ) Check # \_\_\_\_\_    ( ) Cash

**Do not list credit card or bank account numbers. Please enter information directly into the computer.**

**Total**  
**Monthly Payment:**         \$ \_\_\_\_\_

**Copy of Agreement Given to Member:**     \_\_\_\_\_ Staff Initials

## The Fitness Center Terms of Membership

### Terms of Membership

MEMBER INITIALS \_\_\_\_\_

**I understand that my membership is continuous and requires no annual renewal.** My membership may be cancelled at any time by providing an in-person, written and signed notification of my intent prior to the 15<sup>th</sup> of the month prior of the desired month of cancellation. I agree to abide by all rules, guidelines and membership payments of The Field House Sports and Fitness Center (Waukegan Park District) and I acknowledge that I have received, agree to, and understand the rules and procedures which are subject to change without notice. I understand that membership rates are subject to change (given a thirty day notice) and I agree to abide by these changes. I understand that other costs associated with the facility are subject to change without prior notice. I understand that my membership may be terminated if I am in violation of any rules or procedures; or conduct myself in a manner deemed inappropriate. I understand that I am bound by the terms of this agreement unless cancelled in writing within seven days after acceptance, or otherwise provided by law.

### Membership Payment (Non-Payment)

MEMBER INITIALS \_\_\_\_\_

Members will be required to pay the first month they join at the time of registration. Members will be required to provide future payment information through an approved bank account or credit account option. Future monthly payments must be made through Electronic Funds Transfer (EFT). Payments will occur on or about the fifteenth day of the month or up to five business days after. It is the member's responsibility to ensure they have adequate funds in their account to cover these transactions. If a member's payment does not "clear" and the Waukegan Park District does not receive payment, the park district will attempt to contact the member for collections using the information they provided for a period of five days. After that time the membership will be placed on "Hold" and the membership will not be active. If a member has any "denied" payments, NSF, or an invalid account payment for three times in twelve consecutive months, the membership will be terminated and the member will not be entitled to a refund. Members will be held accountable for any unpaid fees upon or subsequent to termination. Please update your account information with us at anytime.

### Termination

MEMBER INITIALS \_\_\_\_\_

It is agreed that a member may terminate membership from The Fitness Center by giving **in-person written notice of intent to cancel, prior to 15<sup>th</sup> of the month prior to the desired month of cancellation.** All accrued dues, penalty charges, and other charges for which the member may be liable are due at the time of termination. If the member, because of death or disability, is unable to use or receive services contracted for, the customer, or his estate as the case may be, shall be liable for only that portion of the charges allocable to the time prior to death or the onset of disability. The Waukegan Park District shall in such event have the right to require and verify reasonable evidence of such death or disability.

### Membership Agreement

MEMBER INITIALS \_\_\_\_\_

I acknowledge that, before I signed this agreement, I had the reasonable opportunity to examine it and have received a copy of The Field House Sports and Fitness Center (Waukegan Park District)'s policies and procedures. I acknowledge that I have been given, agree to and understand a waiver and release, and that this agreement is not valid unless accompanied by a signed waiver and release.

I have received a copy of this agreement. \_\_\_\_\_ MEMBER INITIALS

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Individuals over the age of 18 must sign this agreement. A parent or guardian must sign this agreement if the member is under the age of 18.

Staff Registering: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Reviewing: \_\_\_\_\_ Date: \_\_\_\_\_