

FITNESS CENTER – MEMBERSHIP REGISTRATION

TYPE (Please Circle): Individual Couple/Family Senior/Student/AOS Senior Couple Coast Guard- Annual

DURATION (Please Circle): Week Month 3-Month 6-Month Annual

PRIMARY MEMBER - FIRST NAME: _____ LAST NAME: _____

PRIMARY MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE# _____ CELL#: _____ DOB: _____ GENDER _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

Informed consent and waiver:

Harbor House urges you and all members to obtain a physical examination from a doctor before using any exercise equipment or beginning any exercise program. All exercises, including the use of weights and any and all machinery, equipment and apparatus designed for exercise shall be used at the member’s sole risk.

I/we assume all risk and hazards incidental to such participation, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Harbor House Community Service Center, its officers, employees and participants, for any claim arising out of participation in this program.

Signature _____

Date _____

Cancellation agreement for EFT payments:

This membership will continue until the buyer terminates the agreement either in writing or by verbal communication with the Health & Fitness Manager.

Initial: _____

Swipe card fee: There will be a fee of \$5.00 per swipe card added to your membership fee. **There is also a \$5.00 fee to replace a lost card.**

PRIMARY MEMBER’S DEPENDENTS / FAMILY MEMBERS:

	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>
1.					
2.					
3.					
4.					

OFFICE USE ONLY: Start date _____ Expiration date _____