



MEMBERSHIP INFORMATION FORM



MAIN MEMBER

Last _____ First _____ Middle _____

Date of Birth ____/____/____ Age: _____ ☐ MALE ☐ FEMALE ☐ Photo ID presented

Mailing Address _____ City _____

State _____ Zip _____ Email address: _____@_____

Home Phone (_____) _____ Cell Phone (_____) _____

Employer _____ Work Phone (_____) _____

ADDITIONAL ADULT

Last _____ First _____ Middle _____

Date of Birth ____/____/____ Age: _____ ☐ MALE ☐ FEMALE ☐ Photo ID presented

Employer _____ Cell (_____) _____

ADDITIONAL MEMBERS

Name _____ Age _____ DOB ____/____/____ ☐ MALE ☐ FEMALE ☐ Photo ID *If over 18:*

Name _____ Age _____ DOB ____/____/____ ☐ MALE ☐ FEMALE ☐ Photo ID

Name _____ Age _____ DOB ____/____/____ ☐ MALE ☐ FEMALE ☐ Photo ID

Name _____ Age _____ DOB ____/____/____ ☐ MALE ☐ FEMALE ☐ Photo ID

Name _____ Age _____ DOB ____/____/____ ☐ MALE ☐ FEMALE ☐ Photo ID

**I certify that all persons listed above reside at the same address as the Main Member.*

Member's Initials

EMERGENCY CONTACT (Not At Same Household)

Name _____ Address _____

Day Phone (_____) _____ Evening Phone (_____) _____

HOW DID YOU HEAR ABOUT US?

____ Print Ad/Newspaper ____ Radio ____ Billboard ____ Employer ____ Direct Mail
____ I'm a Returning Member ____ Friend ____ Website ____ Social Media ____ Physician
____ Drive-by ____ Movie Theater On-Screen Ad

TYPE OF MEMBERSHIP

- | | | |
|--|---|--|
| <input type="checkbox"/> FAMILY | <input type="checkbox"/> INDIVIDUAL (22 & up) | <input type="checkbox"/> COUPLE |
| <input type="checkbox"/> ADULT / CHILD | <input type="checkbox"/> YOUTH (14-21 years) | <input type="checkbox"/> SENIOR INDIVIDUAL (55 & Up) |
| ____ EXTRA CHILDREN | ____ EXTRA ADULT (22 & up) | <input type="checkbox"/> SENIOR COUPLE (55 & Up) |
| ____ GRANDCHILDREN | | |

PAYMENT SELECTION: ☐ Monthly EFT Debit ☐ Annual Payment (Fiscal Year: July 1 - June 30)

MONTHLY EFT AUTHORIZATION:

I hereby authorize the City of Monroe to charge my bank account/credit card on the 1st of each month for the amount of my monthly membership fee.

This authority is to remain in effect until the Monroe Aquatics & Fitness Center receives a 30-day written notice of termination of this agreement from me. The Monroe Aquatics & Fitness Center will notify the bank/merchant processor of any changes in the amount to be debited or termination of the agreement. I understand that if my debit should not be honored, I realize that I am still responsible for that payment including a \$35.00 service charge in addition to any charges my bank may make.

MEMBERSHIP CANCELLATION / CHANGES:

I understand that my membership will remain active until such time that I choose to change or cancel the membership.

I understand that I may cancel/change my membership with a 30-day notice by completing a cancellation/change form at the front desk. I also understand that joining fees and current or past monthly fees are not refundable and all unpaid balances are due upon cancellation.

I understand the joining fee is a one-time fee as long as my membership is continuous and that the joining fee is non-refundable.

Member's Initials

WAIVER & RELEASE OF LIABILITY & ASSUMPTION OF RISK

In consideration of my participation in one or more programs or use of the facilities and equipment of the Monroe Aquatics and Fitness Center for any purpose, I the undersigned do hereby acknowledge, covenant, and agree for myself, my family, heirs, and assigns as follows:

1. To the maximum extent allowed by law, I **Waive, Release, and Discharge** the Monroe Aquatics and Fitness Center, City of Monroe, its agents, and assigns from any and all claims, losses, or causes of action including but not limited to personal injury or property damages, whether caused by the **negligence** of the releases, arising out of my participation in any program or use of the facilities or equipment of the City of Monroe.
2. I acknowledge I am fully aware that there are inherent risks associated with the use of the facilities, equipment, and participation in the programs of the Monroe Aquatics and Fitness Center including but not limited to equipment hazards and injury from strenuous physical exercise. I acknowledge I was advised to obtain an examination by a physician prior to engaging in physical exercise. To the maximum extent allowed by law, I **ASSUME ALL RISKS** for any and all injury or property damage, including those arising from the **negligence** of the releases, while on the premises, using equipment, or participating in any program of the Monroe Aquatics and Fitness Center
3. I have read this **WAIVER AND RELEASE OF LIABILITY** fully and understand its contents to be a **Waiver and Release of Liability and Assumption of Risk**. I sign this voluntarily and no inducements other than the foregoing written statement have been made. That I am 18 years of age or older and under no legal constraint or impediments.

Rules and regulations have been adopted for the safe enjoyment of this facility by all participants. I agree to adhere to those regulations. The Monroe Aquatics & Fitness Center reserves the right to take necessary disciplinary action including membership revocation if these rules are not followed. I further understand that current membership dues will not be refundable.

I hereby give permission for Monroe Aquatics & Fitness Center staff to secure medical treatment for myself or my family in the event of an emergency. I also authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

The Monroe Aquatics & Fitness Center may use participation photographs or videos taken of myself or my family for marketing and advertising purposes.

I certify, to the best of my ability, that the accompanying information is correct and accurate.

Date: ____/____/____ Signed: _____ Printed Name: _____
Signed: _____ Printed Name: _____
Signed: _____ Printed Name: _____

List minor children: _____

Witness: _____

(OFFICE USE ONLY)

MONTHLY EFT

JOINING FEE: \$ _____

____ DAYS: \$ _____

TOTAL PAID: \$ _____

Date of First Draft: ____/____/____

Monthly Rate: \$ _____

ANNUAL PAYMENT

JOINING FEE: \$ _____

____ MONTHS @ \$ _____ /month = \$ _____

TOTAL PAID: \$ _____

Staff Initials