



# CORPORATE 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

*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

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

FAMILY                       INDIVIDUAL (22 & up)                       COUPLE  
 ADULT / CHILD                       YOUTH (14-21 years)                       SENIOR INDIVIDUAL (55 & Up)  
\_\_\_\_\_  
 EXTRA CHILDREN                       EXTRA ADULT (22 & up)                       SENIOR COUPLE (55 & Up)  
\_\_\_\_\_  
 GRANDCHILDREN

**PAYMENT SELECTION:**  Payroll Deduction  Monthly Bank Draft  Annual Payment  
 (Budget Year: July 1 - June 30)

**Payroll Deduction Payment Plan**

I hereby authorize my company \_\_\_\_\_ to deduct the amount of \$ \_\_\_\_\_ from my paycheck each month. This amount will be paid on my behalf to the Monroe Aquatics and Fitness Center for membership privileges. The Monroe Aquatics and Fitness Center will notify my company of any changes in the amount to be deducted or termination of this agreement. This authority is to remain in effect until the Monroe Aquatics and Fitness Center receives a 30-day written notice of termination of this agreement from me.

**Bank Draft Plan**

**DRAFT DATE:**  1<sup>st</sup> of Month  15<sup>th</sup> of Month

I hereby authorize the City of Monroe to debit the bank account listed below for the amount of my monthly membership fee.

*I have included a VOIDED check for the account to be debited.*

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 of any changes in the amount to be drafted or termination of the agreement. I understand that if my draft should not be honored by the bank, I realize that I am still responsible for that payment including a \$25.00 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:

- 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.
- 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
- 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)**

**BANK DRAFT**

JOINING FEE: \$ \_\_\_\_\_  
 \_\_\_\_\_ DAYS: \$ \_\_\_\_\_  
 TOTAL PAID: \$ \_\_\_\_\_  
 Date of First Draft: \_\_\_/\_\_\_/\_\_\_  
 Monthly Rate: \$ \_\_\_\_\_

**PAYROLL DEDUCTION**

JOINING FEE: \$ \_\_\_\_\_  
 \_\_\_\_\_ DAYS: \$ \_\_\_\_\_  
 TOTAL PAID: \$ \_\_\_\_\_

**ANNUAL PAYMENT**

JOINING FEE: \$ \_\_\_\_\_  
 \_\_\_\_\_ MOS @ \$ \_\_\_\_\_ /mos = \$ \_\_\_\_\_  
 TOTAL PAID: \$ \_\_\_\_\_

**Staff Initials**