



FITNESS CLUB MEMBERSHIP AGREEMENT

Start Date: _____

Special Circumstance: _____
(Teacher, Military, Policeman OR Fireman)

Primary Member's Name _____ M or F

Secondary Member's Name _____ M or F

** MANDATORY: Email Addresses: _____

Please Supply All Email Addresses (ALL COMMUNICATIONS ARE VIA EMAIL)

Date of Birth ____/____/____

Date of Birth ____/____/____

Mailing Address

Child's Full Name M or F ____/____/____
Date of Birth

City State Zip Code

Child's Full Name M or F ____/____/____
Date of Birth

Cell Number

Cell Number (Spouse)

Child's Full Name M or F ____/____/____
Date of Birth

1. **Membership Types:** Please Circle Membership Type and **Provide Copy of Insurance Card**

- A. **Individual** (Ages 21 and older) - \$5 per month for each child under 18
- B. **Student** (Ages 14-20) - Parental consent if under 18 (Cannot add kids or adults)
- C. **Divorced/Single Parent** (Age 21 and older) - 1 Adult & up to 2 kids Additional kids under 18 \$5.00 each per month - (If Married considered individual or family)
- D. **Couple** 2 Adults and No Children (if 1 or more children considered family)
- E. **Family** Up to 2 Adults and 3 Children - Additional kids under 18: \$5 each/mth
- F. **Senior Individual** (Age 65 or Older)
- G. **Senior Couple** 2 Seniors 65 and older
- H. **Summer Pool-Only Package (3 Months)** 2 Adults and 3 Children – Additional kids under 18: \$5 each/mth \$220.50 includes tax

An individual who is covered under health insurance plan-only these specific plans included Family Members not covered under plan \$10 per child per month - \$25 for spouse per month.

I. **People's Health Insurance & Renew Active Insurance** (A Code Required: _____)

J. **American Specialty Health:** Silver & Fit, Active & Fit, Fitness Coach, Exercise Rewards

K. **Healthways/Tivity*:** Silver Sneakers, Humana, Blue Cross Prime, Aetna, Fitness Your Way (16 Digit Health ID Required: _____)