

UNDERWOOD COMMUNITY SCHOOL DISTRICT HIGH SCHOOL FITNESS CENTER COMMUNITY MEMBERSHIP APPLICATION

Primary Member Information

Annual Membership Type: Family (\$150) Individual Adult (\$90) College Student (\$30)
 Additional Fob(s) (\$10 each)

Last Name Male Female First Name M.I. Email Address

Address Apt.# P.O. Box City State Zip

Date of Birth Home Phone Cell Phone

Person to Contact in Case of Emergency Relationship Phone Number

Please complete information below for each additional individual

2nd Adult

Name Relationship Date of Birth Phone Number

Family members may include two parents and their unmarried children 17 and under residing at the same address and/or unmarried children through age 23 who are full-time students. Family relatives (i.e., cousins, aunts, uncles, grandparents, etc.) and friends cannot be on a family pass.

Children in Household (Adult supervision required)

Name Relationship Date of Birth Male Female

Name Relationship Date of Birth Male Female

Name Relationship Date of Birth Male Female

Name Relationship Date of Birth Male Female

Name Relationship Date of Birth Male Female

By purchasing a fitness membership, I realize the inherent risks involved and understand the nature of the risks. The applicant(s) hold harmless the Underwood Community School District for any damages caused by participation in this program. Individual adults registered for fitness memberships are encouraged to receive a physician's approval to participate in the fitness center activities. Parents of children registered for fitness membership activities are encouraged to have their children receive a physician's approval to participate in fitness center activities. I realize and accept that this pass is issued at the direction of the Underwood Community School District and may be recalled or revoked for rule infractions.

SIGNATURE _____ DATE _____

METHOD OF PAYMENT Check # _____ Cash

Membership Fee \$ _____ Membership Start Date _____ Membership End Date _____