



FITNESS CLUB MEMBERSHIP APPLICATION

New _____ Renewal _____

MEMBER'S NAME: (Last) _____ (First) _____ BIRTH

DATE: _____

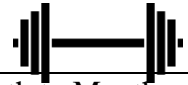
Primary Household Contact: (Last) _____ (First) _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Emergency Phone: () _____

- *All Family members must join at the same time to receive family rates
- *Fitness Memberships are paid in full or debited monthly from credit card
- *Senior Annual Membership cannot be pro-rated.

Resident Rates



	Pay In Full	Monthly Contractual	Month to Month
Junior (Ages 14-17)	\$247	\$22	\$36 per individual
Adult (Ages 18-61)	\$294	\$26	\$36 per individual
2 Family Members	\$423	\$37	\$36per individual
3 Family Members	\$500	\$44	\$36 per individual
Additional Family Member/s	\$84/each	\$7.75 each	\$36 per individual

Non-Resident Rates

	Pay In Full	Monthly Contractual	Month to Month
Junior (Ages 14-17)	\$324	\$28	\$45 per individual
Adult (Ages 18-61)	\$398	\$35	\$45 per individual
2 Family Members	\$531	\$48	\$45 per individual
3 Family Members	\$610	\$54	\$45 per individual
Additional Family Member/s	\$111/each	\$9.50 each	\$45 per individual

Senior Rates (62 & up)

	Annual Membership Fee	Month to Month
Resident Senior	\$160	\$26 per individual
2nd Family Senior Member	\$108	\$26 per individual
Non-Resident Senior	\$191	\$26 per individual
2nd Family Non-Res Senior Member	\$134	\$26 per individual

WAIVER AND RELEASE OF ALL CLAIMS Please read this form carefully and be aware that in signing up and participating in this program/ activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Niles Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District".

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

Participant's Name (please print): _____

Participant's Signature (18 years or older or Parent/ Guardian): _____ Date _____

See reverse side for payment

TAM/GOLF VIEW FITNESS CLUB MEMBERSHIP AGREEMENT

MEMBER'S NAME: (Last) _____ **(First)** _____

PAYMENT ARRANGEMENT:

I agree to the following Tam Fitness Club Membership Payment Schedule (Check One):

PAYMENT IN FULL: (fill in card payment below)

- 12-Month Fees Paid in Full on _____ (date). Expires _____ (date).

ELECTRONIC DRAFT PAYMENT PLAN – (Credit Card)

Debited the first Monday of every month

Card Type (circle type): Visa MasterCard Discover

Name on Card: (Print) _____

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ Monthly \$ _____

Signature: _____

I agree to the above Payment Plan. I understand and agree that my Tam Fitness Club Membership is valid as long as my Membership Account is paid in full, or my monthly payment has been received by Niles Park District on or before the Monthly Payment Deadline on this Agreement. I agree to Renew Tam Fitness Club Membership 1 year on or before this registration date if I choose.

I agree to abide by all Niles Park District and Tam Fitness Club Rules & Policies. Any violation of rules or policies may result in suspension or cancellation of my membership.

Electronic Draft Payments:

- ***I hereby authorize the Niles Park District, or it's assignee(s) to debit my Credit Card (written above on this form) of all monthly dues and/or charges as long as this membership agreement remains in effect (12 months from registration date& payment.)***
- ***Rates are subject to change. When Tam Fitness Club membership rates change, monthly draft rates will automatically change as the rate increases. My membership will automatically renew each month.***
- ***Any NSF warrants a \$15.00 service fee for credit cards. A 2nd NSF will result in cancellation of my membership.***
- ***Any NSF warrants a \$25.00 service fee for checks used in a month to month contract.***
- ***I understand I can stop any payment authorized hereunder by giving Niles Park District written notice at any time up to 10 days before my automatic monthly deduction is scheduled to occur. I will complete a Draft Cancellation Form at the Niles Park District.***
- ***There is a \$20.00 cancellation fee for early exit from contract.***

Participant's Signature _____ (18 years or older or Parent/Guardian)

Date _____