



TAM/GOLF VIEW FITNESS CLUB  
MEMBERSHIP APPLICATION



MEMBER'S NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 \_\_\_New \_\_\_Renewal

Primary Household Contact: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

- Please check if you need special accommodations in this program \_\_\_\_\_.
- Additional family discounted fees only apply with purchase of full priced membership & family member must live in the same household.
- All family members must join at the same time to receive family rates. Proof of household status will be required at initial sign up.

Junior	- Ages 14-17
Adult	- Ages 18 - 61
Senior	- Ages 62 & over

**Choices are to Pay in Full for the year or Monthly for 12 months using Electronic Funds Transaction**

<u>Resident:</u>	<u>Pay in Full</u>	<u>Monthly</u>	<u>Non-Resident:</u>	<u>Pay in Full</u>	<u>Monthly</u>
___ Junior	\$240	\$21.00 mthly	___ Junior	\$314	\$27.50 mthly
___ Adult	\$285	\$25.00 mthly	___ Adult	\$386	\$34.00 mthly
___ 2 Family Member	\$410	\$36.00 mthly	___ 2 Family Member	\$515	\$46.50 mthly
___ 3 Family Members	\$485	\$43.00 mthly	___ 3 Family Members	\$592	\$52.00 mthly
___ Additional Family	\$81	\$6.75 mthly	___ Additional Family	\$108	\$9.00 mthly

\_\_\_ Corporate Fitness Membership 5 or more \$25.00 mthly per person      \_\_\_ Month to Month R: \$34 NR: \$44  
 \_\_\_ Tennis Member \$19.50 mthly

**√ SENIOR YEARLY MEMBERSHIP**

<u>Resident:</u>	<u>Non-Resident:</u>
___ \$155.00	___ \$185.00
___ Second Senior Family \$105.00	___ Second Senior Family \$129.00

Payment Agreement \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Security code _____	<input type="checkbox"/> Visa
Credit Card No. _____	Exp.Date: _____	Amount \$ _____	<input type="checkbox"/> MasterCard
Name on Card: (Print) _____	Signature: _____		<input type="checkbox"/> Discover

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 \_\_\_\_\_  
 (Agreement on Reverse side)



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:**

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

**ELECTRONIC DRAFT PAYMENT PLAN – (Credit Card)**

- 1<sup>st</sup> Month Paid on \_\_\_\_\_ (date), with Monthly Payments due on the \_\_\_\_\_ (day of month) of each month.

Card Type:  Visa  MasterCard  Discover

Name on Card: (Print) \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Security code \_\_\_\_ \_

*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 card and \$25.00 Service Fee for checks . A 2<sup>nd</sup> NSF will result in cancellation of my membership.*
- *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 \_\_\_\_\_

How did you here about us?

\_\_\_ Bugle

\_\_\_ Herald

\_\_\_ Word of Mouth

\_\_\_ Other