

**NORTHFIELD PARK DISTRICT
FITNESS CENTER APPLICATION**

<u>Members' Names</u>		<u>One Year Membership</u>	<u>Resident</u>	<u>Nonresident</u>	<u>Fee</u>
1 _____	Birthdate _____	Initiation Fee	\$ 40.00	\$ 50.00	\$ _____
2 _____	Birthdate _____	Individual	\$ 220.00	\$ 303.00	\$ _____
3 _____	Birthdate _____	Couple	\$ 367.00	\$ 507.00	\$ _____
4 _____	Birthdate _____	Family (3 people in household)	\$ 493.00	\$ 686.00	\$ _____
		Add'l Family Members (each)	\$ 95.00	\$ 134.00	\$ _____
		Senior (60 and over)	\$ 156.00	\$ 219.00	\$ _____
		Senior Couple	\$ 268.00	\$ 379.00	\$ _____

_____ **Please check if renewing**
(10% discount if renewed within two weeks of expiration date)

Members must be at least 14 years of age to join (with signature of legal guardian if under 18).

New Members pay Initiation Fee plus appropriate Membership Fee

No Initiation Fee for Renewals.

<u>Six Month Membership</u>	<u>Resident</u>	<u>Nonresident</u>	<u>Fee</u>
Initiation Fee	\$ 30.00	\$ 35.00	\$ _____
Individual	\$ 160.00	\$ 255.00	\$ _____
Couple	\$ 257.00	\$ 420.00	\$ _____
Family (3 people in household)	\$ 354.00	\$ 587.00	\$ _____
Add'l Family Members (each)	\$ 57.00	\$ 97.00	\$ _____
Senior (60 and over)	\$ 113.00	\$ 195.00	\$ _____
Senior Couple	\$ 182.00	\$ 310.00	\$ _____

<u>Three Month Membership</u>	<u>Resident</u>	<u>Nonresident</u>	<u>Fee</u>
Initiation Fee	\$ 20.00	\$ 25.00	\$ _____
Individual	\$ 88.00	\$ 140.00	\$ _____
Couple	\$ 137.00	\$ 223.00	\$ _____
Family (3 people in household)	\$ 185.00	\$ 306.00	\$ _____
Add'l Family Members (each)	\$ 27.00	\$ 47.00	\$ _____
Senior (60 and over)	\$ 63.00	\$ 108.00	\$ _____
Senior Couple	\$ 97.00	\$ 167.00	\$ _____

TOTAL DUE \$ _____

Family Name: _____ Participant's Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____
 Emergency Name: _____ Emergency Phone: _____

For Charges Only: (please circle) **Mastercard** **Visa** **Discover**
 Card Number: _____ Expiration Date: _____
 Total Payment: \$ _____ Signature: _____

WAIVER & RELEASE OF ALL CLAIMS

I have read this form carefully and am aware in registering for participation in this program that I will be waiving and releasing all claims for injuries I might sustain arising from this program. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, damages, or loss, which I may have as result of participating in the program against the Northfield Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Northfield Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages, or loss which I may have or which may accrue to me on account of participation in the program. In the event of any emergency, I authorize District officials to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree I will be responsible for payment for any and all medical services rendered.

I have read and fully understand the above program details and waiver and release all claims.

Signature: _____ **Date:** _____

Make checks payable to Northfield Park District Phone: 847-446-4428 Fax: 847-446-4431
 Mail to: Northfield Park District, 401 Wagner Road, Northfield, IL 60093

PLEASE READ & SIGN REVERSE SIDE TOO!

**NORTHFIELD PARK DISTRICT
FITNESS REGISTRATION FORM**

The Northfield Park District is committed to conducting its recreational programs and activities in a safe manner and holds the safety of participants in high regard. The Northfield Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parent/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffering from an underlining medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair machines, jogging, free weights, other training devices, and equipment (despite careful and proper preparation, instruction, medical advice, and conditioning) pose a substantial risk of serious injury including death. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers, and injuries due to acts of God, slipping, falling, equipment failure, failure in supervision/instruction, premises defect and all other circumstances inherent to recreational activities/programs exist. Dependent upon a person's physical condition, age and skill level, aerobics and fitness exercise can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

- | | |
|---|----------------------------|
| 1. Heart Attack, stroke, circulatory problems | 2. Bone and joint injuries |
| 3. Back and neck injuries | 4. Shin splints |
| 5. Muscle strain and other muscle injuries | 6. Foot problems |

I have read this form carefully and am aware that in signing up and participating in this program/activity, I will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss regardless of severity, that I or my minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including aerobic activities, the use of weights, number of repetitions and use of any and all machinery, equipment and apparatus designed for exercise shall be at my or my minor child/ward's sole risk. Notwithstanding, any consultation or instruction on exercise programs which may be provided by the Northfield Park District, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be my or my minor child/ward's entire responsibility and the Northfield Park District shall not be liable for any claims, demands, injuries, damages or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims that my minor child/ward or I may have or which may accrue to me and/or my minor child/ward as a result of participation in the program/activity

I do hereby fully release and forever discharge the Northfield Park District from any and all claims for injuries, damages or loss that I or my minor child/ward 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.

I understand that it is strongly recommended that all patrons consult their physician prior to starting an exercise program.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT: Participant's Name: _____

Participant's Signature: _____ **Date:** _____

(18 years or older or Parent/Guardian)