



# WATERFORD SCHOOL DISTRICT - POOL & FITNESS CENTERS

## MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY & FILL OUT THIS FORM COMPLETELY)



Package: \_\_\_ Annual \_\_\_ 12 month Payment Plan \_\_\_ 3 Month \_\_\_ SilverSneakers \_\_\_ Silver & Fit  
\_\_\_ Ind. Adult \_\_\_ Ind. Senior \_\_\_ Ind. Youth \_\_\_ Family \_\_\_ RenewActive \_\_\_ Peerfit

Primary Member \_\_\_\_\_  Female  Male

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Carrier \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

Medical conditions or special needs we should be aware of \_\_\_\_\_

In case of an emergency contact\* \_\_\_\_\_ at \_\_\_\_\_

Other Than Numbers Listed Above.

(NAME & RELATIONSHIP)

(PHONE #//PAGER/CELL #)

FAMILY MEMBERS FIRST & LAST NAME	DATE OF BIRTH	RELATIONSHIP TO PRIMARY MEMBER	MEDICAL CONDITIONS

### MEMBERSHIP AGREEMENT

- I agree to hold harmless and indemnify the Waterford School District and the Pool and Fitness Centers, its employees, officials, Board members and volunteers. I understand the inherent risks of this activity and will assume responsibility for any injury incurred in the Waterford School District Pool and Fitness Centers. Further, to the best of my ability, I hereby certify that the foregoing is a true and complete disclosure of medical conditions, which could adversely impact others present at the WSD Pool & Fitness Centers or be adversely impacted by the participation of those named above in activities at the WSD Pool & Fitness Centers.
- I understand that participation in any activity and use of the equipment and facilities within the WSD Pool & Fitness Centers is at my sole discretion and judgment and is at my own risk. I will appropriately and safely limit my activities and those of my sponsored dependents, to take into account my/our physical condition limitations and skill level.
- I understand that this Membership is for general, open use hours of the WSD Pool & Fitness Centers only and at times will be shared with school use. There will be times when access to the WSD Pool & Fitness Centers or parts thereof, will not be available to members.
- There shall be no refunds, transfers, or prorating for 3 month or annual membership purchases. Accounts will only be put on hold for medical reasons with a doctor's note A 30 day written notice is required for payment plans canceled before 12 payments.
- I understand that all entries are accepted with the understanding that I/my sponsored dependent/s agree to abide by the rules and regulations of the WSD Pool & Fitness Centers. I acknowledge that any violation of the rules may result in expulsion from the Center and/or termination of this Membership Agreement without any refund. Rules upon request.
- I certify that the information given on this application is true and correct. I attest I am over 18 years of age or am the parent or legal guardian of said applicant.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TODAY'S DATE