



WATERFORD SCHOOL DISTRICT - POOL & FITNESS CENTERS BUSINESS MEMBERSHIP APPLICATION



(Please print and fill out this form COMPLETELY)

Package: ___ Annual ___ Annual Payment Plan ___ 3 Month ___ FULL ___ POOL ___ FITNESS

___ Ind. Adult ___ Ind. Senior ___ Ind. Youth ___ Family Primary Location: Kettering Mott

Primary Member: _____ Female Male

Resident Address: _____ Apt #: _____

City: _____ Zip Code _____

Phone Number: Home (____) _____ Work (____) _____ Ext. _____ Cell/Pager (____) _____

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 #)

Business/Company Name: _____
Address: _____ Suite # _____
City: _____ State: _____ Zip Code: _____
Human Resources Contact Phone Number: (____) _____ Ext.: _____
Number Of Hours Working (Total Per Week): _____
HR Representative Name (Print): _____ (Signature): _____

Staff Initials _____ Cash _____ Ck# _____ Cr. Cd. _____ TOTAL AMOUNT DUE \$ _____

Employment Verified by _____ on _____.

MEMBERSHIP AGREEMENT

1. 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.
2. 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.
3. 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 annual members.
4. There shall be no refunds, transfers, or prorating for 3 month or annual membership purchases. A 30 day written notice is required for payment plans cancelled before 12 payments.
5. I understand that all entries are accepted with the understanding that I/my sponsored dependent/s agree to abide by the rules and regulations, which I have received, 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.
6. 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