

MEMBERSHIP APPLICATION
Lockport Township High School District 205
Community Wellness Center
 1333 E. 7th Street ♦ Lockport, Illinois 60441
 Phone (815) 588-8400 ♦ Fax (815) 588-8409

Date: _____

Member Name: _____ Home Phone: _____

Address: _____ Emergency Phone: _____

City: _____ Zip: _____ Date of Birth: ____/____/____

Gender: Male Female E-mail Address: _____

MEMBERSHIPS: Must be in High School or Older to qualify for membership ___ First Time Member ___ Renewal

_____ Annual _____ Additional Initial Member Name _____
 _____ 6 - Month _____ Senior Intramural Pass _____ Walking Pass _____
 _____ 3 - Month _____ College Student 1 Month _____

Community Wellness Center
Registration Policy

- ♦ All persons interested in purchasing Membership at LTHS District 205 Community Wellness Center must present:
 One Current form of Picture I.D. (Drivers License, State I.D. Card, Student I.D., etc.)

Must reside in Lockport Township High School District 205

- ♦ Membership is limited to the person registered. CWC I.D. is required for admittance.
- ♦ **Membership is Non-Refundable and Non-Transferable.**
- ♦ Fitness Orientation is suggested prior to use of equipment.
- ♦ Fitness Center is available for persons high school age and older.
- ♦ Persons under the age of 14 are not permitted without an adult in the Community Wellness Center with the exception of program participation.
- ♦ Failure to abide with the rules and regulations of the Community Wellness Center may result in sanctions and possible forfeiture of Membership and Member Privileges without refund.

WARNING OF RISK

Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair climbers, treadmills, and other training devices, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, pose a substantial risk of injury. You are responsible for determining if you are physically fit for these activities. It is advisable to consult a physician before undertaking a physical exercise program.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in this 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 sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against School District 205 and the Community Wellness Center and its officers, agents, servants and employees. I do hereby fully release and discharge the School District and Wellness Center and its officers, agents, servants, and employees from any and all claim from injuries, (including death), damage or loss which may have or which may accrue to me on account of participation in the program. I further agree to indemnify and hold harmless and defend the School District and Wellness Center and its officers, agents, servants, and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me arising out of, connected with, or in any way associated with the activities of the program. In any event of any emergency, I authorize the School District and Wellness Center officials to secure from any licensed hospital, physicians, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above risk warnings of the program, Waiver and Release of All Claims and Permission to Secure Treatment. If registering on-line or by fax, your facsimile signature shall substitute for and have the same legal effect as an original signature.

Member's Signature: _____

Signature of _____
 Parent or Guardian (If under 18)

Office Use Only

MasterCard Visa	Expiration:	Cash Check Gift Cert. Ck #
Credit Card #:	Clerk Initials:	TOTAL FEE \$