

Lake Bluff Health & Fitness Center

Non-Resident Membership Registration

January 2017

Card Made _____

Name _____ Address _____

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

Home Phone (____) _____ - _____ Mobile/Work (____) _____ - _____

Email _____

Non-Resident – Teen/Adult Fees (13-61 Yrs)									
Family Memberships	1st			2nd			3rd+		
MEMBERSHIP PROGRAM	MEMBERSHIP DURATION								
	Monthly	Qrtrly	*Annual	Monthly	Qrtrly	*Annual	Monthly	Qrtrly	*Annual
Fitness Center & Track	60	160	475	55	145	430	45	110	320
Group Fitness Only	65	185	555	60	160	485	50	140	410
Track Only	25	65	190	25	55	160	20	50	130
Combo – All Programs	110	300	815	95	265	680	75	205	605
Daily Pass	14	24 Hr period includes Fitness Center and GroupX		NOTE: 13- 17 Yr olds MUST complete a Fitness Center Orientation with a Personal Trainer					

Non-Resident (62+ Yrs)						
Family Memberships	1st			2nd+		
MEMBERSHIP PROGRAM	MEMBERSHIP DURATION					
	Monthly	Qrtrly	*Annual	Monthly	Qrtrly	*Annual
Fitness Center & Track (Includes SILVER-FIT)	50	135	390	45	120	350
Group Fitness Only	55	155	455	50	140	410
Track Only	15	20	35	10	15	30
Combo – All Programs	85	240	710	75	215	635
Daily Pass	12 for 24 hr period includes Fitness Center and Group X					

***Registration Fee: \$60 /person for new Annual Memberships and eligible for Monthly billing (one time \$25 fee)**
An additional Family Member is considered to be 25 years of age or younger, living at home and a full-time student

First & Last Name	Birth date	M/F	Membership Type	Fee
				\$
				\$
				\$
				\$
*One time \$25 Fee for Monthly Payment Plan for Annual Memberships				\$
*\$60 Registration Fee (per new member)				\$
TOTAL				\$

PAY IN FULL PAYMENT

Total Due \$ _____ Cash Checks payable to Lake Bluff Park District: Check # _____

Credit: (Circle One) MasterCard Visa Card # _____

Exp. Date ____/____ Signature _____

COMPLETE ONLY IF REQUESTING THE MONTHLY PAYMENT PLAN

**Lake Bluff Health & Fitness Center
BILLING AGREEMENT**

First & Last Name _____

Visa or MasterCard Credit Card # _____ Exp Date ____/____

Membership Start Date _____

**Total from Side 1 _____ ÷ 12 months = _____ Monthly Charge

Includes \$25 Monthly Payment Plan Fee

TERMS & CONDITIONS

- I understand that my membership term is for 12 months and I agree to pay the monthly charge shown above. First payment is taken at time of registration and remaining payments to be deducted from my account on the 15th day of the month or up to 5 business days after.
- It is the member's responsibility to have adequate funds in their account to cover these transactions if using a debit card and to update their credit card information as necessary.
- All transactions rejected due to no fault of the Park District, will be assessed a \$20 service fee.
- If a member's credit/debit payment is rejected for 2 consecutive months the fitness membership will be cancelled and prorated out with the date of the second consecutive declined payment. Any remaining balance owed must be paid in full before a new registration will be processed, member will be required to pay the new membership in full.
- If a member's credit/debit payment is rejected 3 times during a year-long fitness membership, then guest will be required to pay the renewal membership in full.
- Cancellation of a billing agreement during a membership term will require a final fee that corresponds with the cancellation policy outlined in the Membership Handbook.

Signature _____

Date _____

LAKE BLUFF HEALTH & FITNESS CENTER

Waiver & Release

IMPORTANT INFORMATION

The Lake Bluff Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Lake Bluff 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 parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers 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 fitness center activity.

WARNING OF RISK

Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers can not be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Lake Bluff Park District to guarantee absolute safety.

Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities 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 and circulatory problems
2. Bone and joint injuries
3. Back and neck injury
4. Shin splints
5. Muscle strain and other muscle injuries
6. Foot problems

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

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 and vehicle operations, 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 Lake Bluff Park District, including its officials, agents, volunteers and employees.

MEMBERSHIP HANDBOOK

I agree to be bound by all rules, regulations and policies outlined in the Lake Bluff Health & Fitness Center Handbook. Management reserves the right to update handbook as deemed necessary.

FITNESS CENTER REFUND POLICY

There are two accepted reasons for membership termination and/or service refunds:

- 1) Logistics – the member relocates to a place where it is not possible or practical to continue the membership or utilize the purchased service.
- 2) Medical/Health – the member is physically, emotionally and/or cognitively unable to participate in the fitness programming and/or activities provided at the Lake Bluff Park District Health & Fitness Center. Requires a written letter from an accredited medical or health professional within 60 days of the initial diagnosis of the condition. The letter must be on the letterhead of the medical/health professional.
- 3) Memberships may not be transferred to another person.

There are no exceptions to this policy. I acknowledge that these policies have been explained to me and I clearly understand them and will not request a refund for any reason other than these two stated reasons.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims, and membership handbook.

Printed Participant's Name: _____

Participant's Signature: _____

Date: _____

(18 years or older or Parent/Guardian)

2017 Fitness Membership: New _____ Yearly Renewal _____ Monthly _____ Quarterly _____ Daily _____