

MEMBERSHIP AGREEMENT



PRIMARY MEMBER INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency/Cell Phone: _____

Email: _____

Birth Date: _____ Age: _____ Sex (Please Circle One): Male Female

Parent/Guardian Name: _____ Parent/Guardian Birth Date: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

ADDITIONAL MEMBERS INFORMATION

Member's Full Name	Sex	Age	Birth Date (MM/DD/YYYY)
2.			
3.			
4.			
5.			
6.			
7. (Additional Fee Applies)			

MEMBERSHIP TYPE

Membership Type	EFT Resident [^]	EFT Non-Resident	Annual Resident [^] : Paid in Full	Annual Non-Resident: Paid in Full	Annual Resident Walking Track ^{^^}
Individual*	<input type="checkbox"/> \$30	<input type="checkbox"/> \$35	<input type="checkbox"/> \$360	<input type="checkbox"/> \$420	<input type="checkbox"/> \$25
Couple**	<input type="checkbox"/> \$50	<input type="checkbox"/> \$55	<input type="checkbox"/> \$600	<input type="checkbox"/> \$660	
Family***	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$720	<input type="checkbox"/> \$780	
Teen [♦]	<input type="checkbox"/> \$21	<input type="checkbox"/> \$23	<input type="checkbox"/> \$252	<input type="checkbox"/> \$276	
Senior ^{♦♦}	<input type="checkbox"/> \$21	<input type="checkbox"/> \$23	<input type="checkbox"/> \$252	<input type="checkbox"/> \$276	<input type="checkbox"/> \$10

Membership Type	One Month Paid in Full	Three Month Paid in Full
Resident	<input type="checkbox"/> \$40	\$105
Non-Resident	<input type="checkbox"/> \$45	\$115

Other: _____

MEMBERSHIP DESCRIPTIONS

- [^] Residents are considered anyone living within Glen Ellyn Park District boundaries.
- ^{^^} Walking Track: Limited to Glen Ellyn Park District residents (see definition above) only. Children age 8-14 must be accompanied by a member of age 17 & older.
- * Individual: Age 18 & up. Must provide proof of age, if necessary.
- ** Couple: Two people living at the same address.
- Family: Up to six immediate family members residing in the same household and children 25 years and younger living at home. Other relatives and individuals in the same household are not included in the family pass. Children 10 years and under have access to open turf and open gym. Children 8 to 13 can access the track with a parent. Fitness center is available for children 14 years and older (Age 11-13 after orientation. See front desk to setup an appointment).
- [♦] Teen: Age 14-17 (age 11-13, if certified). Proof of age required by providing a birth certificate or driver's license. Waiver must be signed by a parent or legal guardian.
- ^{♦♦} Senior: age 60 & Up. Must provide proof of age, if necessary.
- ⁺ 1 Month/3 Month: Must be age 14 and over. Proof of age is required by providing a birth certificate or driver's license. Waiver must be signed by a parent or legal guardian if under 18.

REFERRAL PROGRAM

Referred By: _____

Refer a friend to become a member at ASFC and get \$25 off your membership fees for one month. Please see Front Desk for details.

PAYMENT INFORMATION

Payment Type (please check one): **Monthly Electronic Fund Transfer (EFT)** Must choose checking account or a credit card for "Payment Method" **Annual Paid in Full**

Payment Method (please circle one): **Checking Account (EFT Only)** **Visa** **Mastercard** **AMEX** **Discover** **Cash** **Check**

Credit Card Number: _____ Card Expires: _____ CID _____

Checking Account (EFT) - Bank Name: _____ Routing Number: _____

Account Number: _____

Account Holder Signature: _____ **OFFICE USE ONLY: Total \$** _____

You may pay in full and your membership will expire one year from the date of purchase or choose a month-to-month EFT. With the EFT, an automatic charge will be made to your credit card/checking account monthly, on the date you purchased the membership. For your convenience, the EFT option will automatically renew each month. A \$25 service fee will be charged for each returned automatic transaction.

CANCELLATION POLICY

Membership satisfaction is guaranteed. If you are not satisfied, you may cancel your membership within the first 30 days and receive a full refund. Annual memberships will not be refunded after the first 30 days.

EFT membership cancellations must be made at least 7 business days prior to monthly EFT payment to ensure member will not be charged for the following month.

Cancellations must be done in-person at Ackerman Sports & Fitness Center. Memberships **cannot** be cancelled via phone/email.

I understand the above Cancellation Policy:

Participant or Parent/Guardian Signature: _____ Date: _____

E-NEWSLETTER SIGN-UP

Yes! Send me Ackerman Sports & Fitness Center news, facility updates, and event/program information

Yes! Send me the Glen Ellyn Park District email newsletter

WAIVER INFORMATION

The Glen Ellyn 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 (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.

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, suffers from an underlying 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.

WARNING OF RISK: Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, 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, and failure in supervision/instruction, premises defects and all other circumstances inherent to recreational activities/programs exist. Dependent upon a person's physical condition, age and skill level, aerobics and fitness exercises 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 | 3. Back and neck injury | 5. Muscle strain and other muscle injuries |
| 2. Bone and joint injuries | 4. Shin splints | 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.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/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 exercising shall be at me or my minor child/ward's sole risk. Notwithstanding any consultation or instruction on exercise programs which may be provided by the Glen Ellyn Park District, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be me or my minor child/ward's entire responsibility, and that the Glen Ellyn Park District, including its officials, employees, agents and volunteers (herein after collectively '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 I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity. I do hereby fully release and forever discharge the 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 have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PHOTOGRAPHY: Photos and videos are periodically taken of people participating in Park District programs and activities. All persons registering for Park District programs/activities, or using Park District property thereby agrees that any photograph or videotape taken by the Park District may be used by the Park District for promotional purposes including its promotional videotapes, brochures, flyers and other publications without additional, prior notice or permission and without compensation to the participant.

I understand the above Ackerman Sports & Fitness Center agreement & waiver:

Participant or Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Date: _____ New: _____ Renewal: _____ Resident: _____ Non-Resident: _____

Membership Type: _____

EFT Monthly: _____ Annual (Paid in Full): _____ Staff Name (Full Name - Print): _____