



Application for Day Use & Membership

Primary Applicant Information: Please Print Clearly—All Information Required

_____	_____	_____	_____
Last Name	First Name	M.I.	Birth Date
_____	_____	_____	_____
Home Address	City	State	Zip Code
_____	_____	_____	_____
Home / Cell Phone	Other (Work / Cell) Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

E-mail Address			
_____			_____
Emergency Contact Name			Phone
How did you hear about the fitness center?		Website _____	Friend- (Please give name) _____
College Literature _____		Other: (please explain) _____	

Fun Pass Participants:

_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			
_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			
_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			
_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			
_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			

All participants 14 and older please read and sign the liability waiver on the back.

Plus Membership Information: The primary applicant will be used as the emergency contact for dependents. Please note that many activities are age restrictive as identified in the Membership Guidelines.

Second Household Adult

_____	_____	_____	_____
Last Name	First Name	M.I.	Birth Date
_____	_____	_____	_____
Home Phone	Work / Cell Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Emergency Contact Name			Phone

Dependents: (must be claimed on primary applicant's income taxes)

_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			
_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			
_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			
_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			
_____	_____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name	Birth Date			

**Release of Liability Waiver
Delta College Fitness & Recreation Center**

PARTICIPATION IN ANY ACTIVITY WITHIN THE FITNESS & RECREATION CENTER IS AT THE SOLE DISCRETION AND JUDGMENT OF EACH INDIVIDUAL AND AT HIS OR HER OWN RISK. Delta College encourages and requests that only latex safe gloves and balloons be used on the premises to avoid potential related risks and allergic reactions to employees, students and visitors.

I _____, the undersigned, for myself and each of my sponsored guests or dependents, assume full responsibility for death, or any injuries or damages which may occur to me or my sponsored guests or dependents, in, on, or about the premises of the facility and do hereby fully and forever release and discharge Delta College, its Board of Trustees, Delta College employees, volunteers, and representatives, and the Fitness & Recreation Center staff, from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of the facility and equipment thereof, except that arising out of the sole negligence or willful misconduct of Delta College.

I, the undersigned, for myself and my sponsored guests or dependents, further agree to use all equipment and activity areas properly and leave them in good condition. I assume total liability and agree to reimburse the College for all damages incurred through the misuse of any facility area and/or equipment thereof. I also understand that the College and the Fitness & Recreation Center staff are not responsible for any lost or stolen personal belongings.

I, the undersigned, have received the Membership Guidelines handout and understand there are limitations to my membership as outlined in the handout. I also understand that all memberships are non-refundable and can be revoked from any person exhibiting inappropriate behavior or abuse of the Fitness & Recreation Center Staff or facilities. I recognize that the Fitness & Recreation Center may occasionally be closed to members for maintenance and that no portion of the membership fee will be refunded, nor will a credit be given, when maintenance occurs. I also recognize that certain activities have minimum age requirements. I undertake to explain the Membership Guidelines to my sponsored guests or dependents and to assure their compliance with them.

I, the undersigned, and my sponsored guests or dependents, desire to voluntarily engage in an exercise program at the Delta College Fitness & Recreation Center to improve physical fitness. I understand medical clearance is recommended before beginning an exercise program. Consultation with my physician to gain clearance to begin a fitness program is my responsibility, both for myself and for my sponsored guests or dependents, and highly recommended.

I, the undersigned, have read this form and understand it and the nature of the risks involved. I understand that by signing this form I am giving up certain legal rights. My questions have been answered to my satisfaction.

I, the undersigned, certify that the information I have given in my application for membership is complete and accurate. I have provided complete and current contact information. I agree that in the event of an emergency where I cannot be reached, emergency medical treatment may be provided to my sponsored guests or dependents.

By my signature below, I agree to the provisions of this Release of Liability Waiver for myself, for my sponsored guests or dependents, and for my heirs and assigns, intending to be legally bound.

Applicant's Signature: _____

Date: _____

Sponsored Dependent's Signature: _____

Date: _____

Sponsored Dependent's Signature: _____

Date: _____

Sponsored Dependent's Signature: _____

Date: _____