



16140 148th Avenue
Spring Lake, Michigan 49456

(616) 847.5858
www.slfac.com

MEMBERSHIP APPLICATION

(All memberships are on an annual basis)

Type of membership:

Check one : Resident (Spring Lake Public Schools Tax Payer) Non-Resident

Check one : Family Single Adult Senior (62+)

Couple Student (full-time) Senior Couple (62+)

Primary Member: _____ Date of Birth: _____

Card ID: _____

Associate Member: _____ Date of Birth: _____

Card ID: _____

Address: Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: Cell: () _____ Home: () _____

Email: _____

Emergency Contact: _____ Phone: () _____ Relationship: _____

How did you hear about the FAC? _____

Have you ever been convicted of a felony involving a minor? Yes No

Dependents

(Dependent must be immediate family member up to age 24 and live within the same household.)

Name	Age	Date of Birth	Relationship	Card ID

Payment Options: (Credit cards must be on file for all memberships)

Check One: Pay Annually Pay Semi-Annually
 Quarterly Monthly

CONDITIONS OF MEMBERSHIP

Members Health:

The applicant(s) represent that each of them, together with any minor dependents covered by this application, is in physically sound condition and that they understand that participation in aerobics and other exercise, weight training, recreational sports, the use of pools, spas, steam rooms, and fitness equipment, or any other use of the Spring Lake Fitness and Aquatic Center, carries a potential risk of injury or illness. The applicant(s), on behalf of themselves and any minor dependents covered by this application, further understand that neither the Spring Lake Public Schools nor the Spring Lake Fitness and Aquatic Center assumes any responsibility for any such injury or illness.

Member Conduct and Right to Use the Facility:

The applicant(s) agree, on behalf of themselves and any minor dependents covered by this application, to abide by all policies, rules, codes and procedures of the Spring Lake Fitness and Aquatic Center, and they understand that failure to act in accordance with such policies, rules, codes and procedures may result in the suspension or revocation of membership privileges.

Criminal History:

The applicant(s) acknowledge, on behalf of themselves and any minor dependents covered by this application, that it is the policy of Spring Lake Fitness and Aquatic Center to deny or terminate membership with respect to any individual convicted of a sexual offense, and that the Spring Lake Fitness and Aquatic Center will periodically check its membership records for sex offense histories.

Property Loss:

The applicant(s), on behalf of themselves and any minor dependents covered by this application, understand that neither the Spring Lake Public Schools nor the Spring Lake Fitness and Aquatic Center is responsible for personal property lost, damaged, or stolen while using the Spring Lake Fitness and Aquatic Center or participating in Spring Lake Fitness and Aquatic Center programs.

Photograph Permission:

The applicant(s), on behalf of themselves and any minor dependents covered by this application, hereby give permission for the Spring Lake Fitness and Aquatic Center to take the picture of any person covered by this application for use in the membership program and for membership cards.

Insurance:

The applicant(s) understand, on behalf of themselves and any minor dependents covered by this application, that neither the Spring Lake Public Schools nor the Spring Lake Fitness and Aquatic Center provide any accident or health insurance for its members or other participants, and further understand that it is their responsibility to provide such insurance coverage.

I wish to participate in or otherwise utilize or observe the facilities, services, equipment, programs or activities of the Spring Lake Fitness and Aquatic Center ("Center") for any or all purposes. In return, I acknowledge and agree that:

1. I have had an opportunity to inspect the Center facilities and equipment or immediately upon entering or participating will inspect such facilities and equipment and have accepted the Center's facilities, equipment and programs as being safe and reasonably suited for the purposes intended.
2. I release the Spring Lake Public Schools and its Board of Education, together with its/their Board members (both individually and collectively), officers, directors, administrators, employees, agents and volunteers (collectively the "Releasees"), from any and all claims and liability for any loss, damage, illness or injury (up to and including death) which may occur to or be sustained by me during my presence at, participation in, or use of any program, activity, service, equipment, or facility associated with or comprising part of the Center; and I agree not to bring any legal action against any or all of the Releasees with respect to any such claims, liability, loss, damage, illness or injury.
3. I agree to indemnify and hold harmless any and all of the Releasees, from any claims, liability, loss, damage, illness, injury, legal costs and attorneys fees incurred by any of the Releasees, arising from my activities and presence in, upon or about the Center.
4. I am aware of the inherent risks of participating, observing or using the facilities and activities of the Center, and I assume full responsibility for any and all of the risks.
5. I do not know of any physical or mental health condition that would prevent me from, or could get worse by, my participation in or use of the facilities, equipment, programs, activities or services at the Center.
6. I have read this release, understand it, and freely sign it. I also agree that this release is binding upon my legal representatives or anyone who tries to claim through me.
7. I have read the conditions of membership and understand it, and freely sign it.

Each person covered by the membership application must sign, if 18 years of age or older :

_____ <i>Signature</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>

***If the membership application includes a dependent under 18, the parents/ guardians must sign the following: SEE PAGE 4)**

As the parent(s) or natural guardian(s) of the minor named below, I/we give permission for my/our child or ward to utilize or otherwise participate in the Center's activities, programs, equipment and facilities. I/we have read and understand the Waiver and Release of Liability, and, on my/our behalf and on behalf of my/our child or ward, I/we agree to all of the terms and provisions of said Waiver and Release of Liability. I/we specifically agree to indemnify and hold harmless the Releasees with respect to any and all claims that may arise from the named minor child or ward's participation in or use of the Center's activities, programs, equipment or facilities.

Name of Minor

Name of Minor

Name of Minor

Name of Minor

Each parent or legal guardian must sign below.

Signature Printed Name Relationship Date

Signature Printed Name Relationship Date

For staff use only:

Initial Payment: Cash Check Credit Card Payroll Deduction (SLPS Employees)

Initiation Fee: _____

Monthly Membership: Current Month Pro-Rate _____ Next Month Dues: _____

Quarterly Memberships _____ Semi-Annual Memberships _____ Yearly Memberships _____

Guest Fee Credits: (Last 30 Days) _____

Back Dues: (Please Check Account) _____

Total Amount Due: _____

**Membership will automatically renew. Membership dues will automatically be deducted from the credit card provided unless payment is made prior to due date. Members are required to give a 30 day written notice and be an active member in order to cancel.*

Member or Parent/Legal Guardian Signature Date

Staff Initials