



# MEMBERSHIP APPLICATION

## MEMBERSHIP TYPE

Check One:  In-District *(Spring Lake Public Schools Tax Payer)*  Out of District

Check One:  Individual Adult  Individual Senior (62+)  Individual Student  
*(full-time through age 24 with valid school ID)*

Couple Adult  Couple Senior (62+)

Family *(Parent(s) and dependents up through the age of 24)*

## PRIMARY MEMBER INFORMATION

Primary Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAC Key Tag #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Has any member on this application ever been convicted of a felony involving a minor? YES / NO

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

## SECONDARY MEMBER INFORMATION

Secondary Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAC Key Tag #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

## DEPENDENT MEMBER INFORMATION

*(Dependent Members must be an immediate family member through the age of 24 living within the same household)*

Dependent Name	Birthdate	Age	Relationship	Key Tag #

**\*PHOTO ID IS REQUIRED FOR ALL LISTED ADULT MEMBERS (18+) TO SUBMIT APPLICATION\***

## **CONDITIONS OF MEMBERSHIP**

**Members Health:** The applicant(s) represent that each of them, together with any minors covered by this application, are sufficiently healthy to engage in physical activity without undue risk to themselves. 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 minors covered by this application, assume all risk and 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 minors 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. All applicants and their minor children or wards are required to comply with all laws, orders, ordinances, policies, regulations, as well as guidance adopted by Spring Lake Fitness and Aquatic Center as it relates to COVID-19. This guidance may evolve as circumstances warrant. Spring Lake Fitness and Aquatic Center may require a member or member's child or ward to leave the Center in the event the Center becomes aware that their continued presence may pose a health or safety risk to themselves or others.

**Criminal History:** The applicant(s) acknowledge 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) 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) 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 the software program.

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

## **WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT**

I wish to participate (or I wish my children or wards to participate) in or otherwise utilize or observe the facilities, services, equipment, programs or activities of the Spring Lake Fitness and Aquatic Center ("Center"). In exchange, I acknowledge and agree to all of the following:

**Assumption of Risk:** I do not know of any physical or mental health conditions that would prevent me or my children or wards from, or could get worse by, our participation in or use of the facilities, equipment, programs, activities or services at the Center. 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 reasonable suited for the purposes intended. I am aware of the inherent risks, to myself and my children or wards, of participating, observing, or using the facilities, activities, programs, or services of the Center, and I assume full and sole responsibility for any and all of the risks, including the risk of physical injury, drowning, or death, and including the risk of contracting illnesses, bacteria, or viruses, such as the highly contagious coronavirus, also known as COVID-19, which spreads easily in public places (like the Center) where people are present, despite efforts to reduce the risk.

**Waiver and Release of Liability:** I hereby release Spring Lake Public Schools and its Board of Education, and its Board members (individually and collectively), officers, directors, administrators, employees, agents and volunteers (collectively the "Releasees"), from any and all claims, demands, liability, loss, damage, illness (including exposure to or infection from germs, bacteria, or viruses, including COVID-19), and injury (up to and including death), whether known or unknown, present or future (collectively, the "Claims"), which may occur as a result of my presence at, participation in, or use of any







## CREDIT CARD AUTHORIZATION FORM

### CONTACT/BILLING INFORMATION

**Cardholder Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Member Account Name (if different from cardholder): \_\_\_\_\_

### CREDIT CARD INFORMATION

**Card Type:**     MC     VISA     DISC     AMEX

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CVV:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

### PAYMENT PLAN / AUTOBILL OPTIONS

Monthly	Annual
Auto Deduct (required)                      Initials: _____ <i>(neither statements nor e-mail reminders will be sent out)</i>	Auto Deduct on due date                      Initials: _____ -OR-
<b>Note:</b> <i>credit cards are automatically charged on the 10<sup>th</sup> of each month</i>	E-mail reminder 1 day prior to automatically deducting dues                      Initials: _____ -OR-
	Mail Paper Statement                      Initials: _____ <i>(credit card will be charged automatically on due date if payment is not made by cash/check prior to due date)</i>

### PAYMENT AUTHORIZATION

I authorize Access One., on behalf of SLFAC to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or SLFAC receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford SLFAC reasonable opportunity to act.

I understand that if the total amount owed to SLFAC is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to SLFAC is paid off, or unless the plan is terminated earlier by me as stated above. I understand any added amounts can be applied for with a new authorization.

All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to SLFAC 15-days prior to any change being implemented. I understand that this payment plan may be cancelled by SLFAC or Access One., due to Non-Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank. In the event that SLFAC is charged an NSF fee by the bank or a revoke authorization fee, I understand that I will be liable to pay these fees and authorize SLFAC to debit my account for these amounts.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold SLFAC, the bank, and Access One harmless from damage, loss, or claim resulting from all authorized action hereunder.

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

\_\_\_\_\_  
Received By